2004/2005: Report 2

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In Sickness and in Health:

Healthy Workplaces for British Columbia's Health Care Workers

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The Honourable Claude Richmond
Speaker of the Legislative Assembly
Province of British Columbia
Parliament Buildings
Victoria, British Columbia
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Dear Sir:

I have the honour to transmit herewith to the Legislative Assembly of British Columbia my 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers.

Wayne Strelioff

Wayne Strelioff, FCA
Auditor General

Victoria, British Columbia
June 2004

copy: Mr. E. George MacMinn, Q.C.
Clerk of the Legislative Assembly

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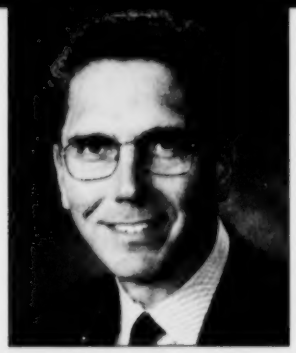
Auditor General's Comments



Wayne Strelioff, FCA
Auditor General

The health care system's sustainability remains the number one issue for Canadians. The question they continue to ask is *Will I be able to get the care I need when I need it?* Part of the answer lies in knowing whether enough experienced health care staff will be available to deliver the care. Staff availability depends on hiring enough professionals and other health care workers to meet care demands, and ensuring the well-being and retention of the current workforce.

We know the health care environment is one of the most difficult to work in. It is physically and emotionally demanding and requires services to be delivered 24 hours per day, seven days a week. Staff are at high risk of injury, and they have little control over their workload or work schedules. As well, they are exposed to many noxious agents and subjected to violence. Across the country, health care workers exhibit one of the highest rates of illness and work-related injuries.

An added stress in recent years is that health care workers have also had to endure continuous reorganization of the system. Research shows that reorganization—and downsizing in part—can have a negative effect on remaining staff.

We know from both our own work in the public service[1] and the work of others in the private and public sectors that the work environment has a significant impact on people, not only in terms of how engaged they feel while at work, but also in terms of how able they feel to work at all. A challenging health care work environment has an effect on absenteeism and injury rates, and on retention and recruitment. In this province, absenteeism and injury are resulting in substantial costs to the health authorities. The Healthcare Benefit Trust estimates that, in 2000, the total cost (including both direct and indirect costs) to British Columbia's health authorities attributable to medically related absenteeism and presenteeism (reduced productivity of ill or injured employees who remain at work) was nearly $1 billion annually.

I undertook this audit to assess how well British Columbia's health authorities are managing to create a healthy work environment for their employees. My focus was on the five geographically defined health authorities and the Provincial Health Services Authority set up as of December 2001. Specifically, the audit team examined whether the health authorities are:

[1] See, for example, the following reports published by this Office: *Maintaining Human Capital in the British Columbia Public Service: The Role of Training and Development* (1999); *Building a Strong Work Environment in British Columbia's Public Service: A Key to Delivering Quality Service* (2002).

- providing leadership in establishing and maintaining a healthy work environment;
- promoting a healthy work environment; and
- monitoring and reporting on the health of their employees and the work environment.

Our findings concern me deeply. While health authority leaders have some of the building blocks in place for creating a healthy work environment, their ability to sustain and build further on these is constrained by a lack of funding for this purpose, a lack of focus and a lack of information about all aspects of the work environment—especially about how employees see it. Greater leadership is critical if there is to be any progress in developing a healthy work environment.

Management's inadequate attention to work environment issues during a time of restructuring and downsizing has resulted in health care workers—and even their patients and families—feeling the effects of workplace stresses. Although progress is being made in dealing with the physical aspects of the work environment, minimal attention is being paid to the psychosocial aspects of it. This, we believe, may be contributing to the increasing mental health claims among staff. The trend is startling, and in my view, unacceptable if we expect to build a well-functioning health system in this province.

If the health authorities are to fulfill government's expectations of "putting patients first," they must ensure that the work environment supports health care workers in their efforts to provide the best patient care possible. Such support includes protecting workers from undue stress and risks.

Our key findings are summarized below.

Leadership in establishing and maintaining a healthy work environment is lagging

The health authorities are aware of the need for a healthy work environment and are developing plans, programs and policies to create such an environment. However, health authority leaders have delegated responsibility for creating a healthy work environment to others, such as the human resource department rather than making it their priority. They have also not been

explicit in expressing the value of their employees to the successful delivery of health care. Their immediate focus is on reducing the costs of absenteeism and injuries as a means of meeting fiscal targets. While I agree this is an important objective, I also believe that the health authorities must begin to address the underlying issues contributing to high absenteeism and injury rates. Their current approach focuses on addressing the symptoms and not the causes.

Promoting a healthy work environment is limited by budgets and focus

In promoting a healthy work environment by focusing on physical aspects, the health authorities have introduced a number of policies and programs directed at reducing injuries. These are showing some success, aided in several instances by financial support of other agencies such as the Workers' Compensation Board (WCB) and the Occupational Health and Safety Agency for Healthcare in British Columbia. However, attention to psychosocial aspects of the environment (that is, interpersonal relationships, workload, and work flexibility and control) or to the promotion of healthy lifestyles is minimal.

Monitoring and reporting on the health of employees and the work environment is limited

The health authorities lack good integrated information about employee health and the work environment, which makes it difficult for them to build on their initial steps. Only the Interior Health Authority is formally monitoring employee health and the broad work environment. Although all of the authorities collect data, they do not integrate it to provide an overall profile of employee health and the work environment, or use it to evaluate whether needs and issues are being addressed. However, we did find initiatives underway to improve the collection and use of information.

Reporting by health authority management to their boards varies in content and frequency. All of the authorities have the ability to capture information about employee sick time, injury rates, incidents, and recruitment and retention statistics, but only the Vancouver Island Health Authority provides this information to their board as an integrated and comprehensive package.

And, while the health authorities are meeting their legal requirement to report work-related injuries and illnesses to WCB, they are not reporting at all to the ministry, public or legislators about the work environment. This is a gap that should be filled.

My recommendations

To enhance leadership, the health authorities should:

- **Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.**
- **Demonstrate in word and action that employee health and well-being are important to organizational success.**
- **Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.**
- **Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.**
- **Ensure, in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.**

To promote a healthy work environment, the health authorities should:

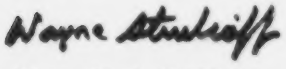
- **Ensure that their actions are consistent with communications to staff.**
- **Review the extent of managers' control and ensure it is not beyond a limit to be effective.**
- **Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.**
- **Consider ways to promote a healthy lifestyle among their employees.**

- **Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.**
- **Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.**

To monitor and report on the work environment, the health authorities should:

- **Implement a human resource information system that will provide the data needed for developing a comprehensive picture of employee and workplace health.**
- **Ensure that all new initiatives include an evaluation component.**
- **Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.**
- **Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.**

I wish to thank everyone who cooperated with my Office to assist us in gathering the information for this audit. As well, I would like to acknowledge the hard work, professionalism and dedication of my staff in the production of this report.



Wayne Strelioff, FCA
Auditor General

Victoria, British Columbia
June 2004

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Detailed Report

Audit purpose and scope

The purpose of our audit was to determine how well health authorities in British Columbia are managing the workplace to ensure a healthy work environment for the province's health care workers.

Specifically, we examined whether the health authorities are:

- providing leadership in establishing and maintaining a healthy work environment;
- promoting a healthy work environment; and
- monitoring and reporting on the health of their employees and the work environment.

The audit focused on the five geographically defined health authorities and the Provincial Health Services Authority that were created as of December 2001. (Appendix A provides an overview of health system restructuring in British Columbia since 1992). We did not review the work environment of paramedical and other staff directly employed by the health ministries (Health Services and Health Planning), or the work environment for doctors and contractors. Our audit field work was carried out from April 2003 to January 2004.

We performed the audit in accordance with assurance standards recommended by the Canadian Institute of Chartered Accountants and accordingly included such tests and other procedures as we considered necessary to obtain sufficient evidence to support our conclusions. In gathering our evidence, we reviewed documents prepared by the health authorities and other agencies and organizations. We also interviewed board members, senior management and frontline managers in the health authorities, as well as conducting focus groups with a cross-section of frontline staff in some health service delivery areas (see Appendix B). A number of frontline staff who were unable to attend the focus groups sent in written submissions and e-mails or phoned us. Additionally, we met with management staff from the Health Employers Association of British Columbia, Workers' Compensation Board (Prevention Division), Occupational Health and Safety Agency for Healthcare in British Columbia, Healthcare Benefit Trust, Registered Nurses Association of British Columbia, British Columbia Nurses' Union, Health Employees' Union, and Health Sciences Association of British Columbia.

Our work in the Provincial Health Services Authority was limited to a few key interviews, because the organization's approach to employee health and wellness remains at a facility level and is only in the initial stages of being integrated as a corporate function. We did not hold any focus groups within the Provincial Health Services Authority.

Overall conclusion

Health authority leaders need to focus more attention on creating a healthy work environment for their employees. The five geographically defined health authorities have some of the building blocks in place to create a healthy work environment for their employees. However, the ability to sustain and build on these is constrained—by a lack of directed funding, by a lack of focus and by a lack of integrated information about all aspects of employee health and the work environment, but particularly information about what employees think of their work environment and whether current strategies and resources are addressing employee health needs and work environment conditions. As well, managers have been unable to devote sufficient attention to understanding and addressing employee needs.

The Provincial Health Services Authority is only in the very early stages of developing a unified approach to occupational health and wellness and the overall work environment. Many policies and programs related to occupational health and wellness remain at an individual facility level.

The health care work environment is highly stressful

Services and care provided by trained health care workers directly affect the health outcomes of patients. Health care workers are therefore fundamental to an effective health care system—and their own good health therefore critical to that system being maintained.

Yet, as surveys have shown, health care workers across the country are one and a half times more likely to miss work because of an illness or disability than employees in other workplaces. British Columbia's health care workers are no different from their counterparts nationally, also experiencing high rates of absenteeism and injury, at a high cost to themselves, their patients and the health authorities.

The health care work environment has a significant effect on absenteeism and injury rates, as well as on retention and recruitment. Absenteeism and injury are resulting in substantial costs to the health authorities both in time and money, and likely indicate how some staff perceive their work environment.

The direct costs of absenteeism and injury to the health authorities in 2002/03 was $247.1 million. This amount includes the direct costs for sickness-related absences in five of the authorities (information was not easily available from the Northern Health Authority) and their contributions to the WCB and the Healthcare Benefit Trust. Not included are the indirect costs for replacement staff or overtime pay for other staff covering sickness-related absences. These costs are tracked, but are not specifically identified as being caused by an illness-related absence (although the Interior Health Authority is setting up a system to do so).

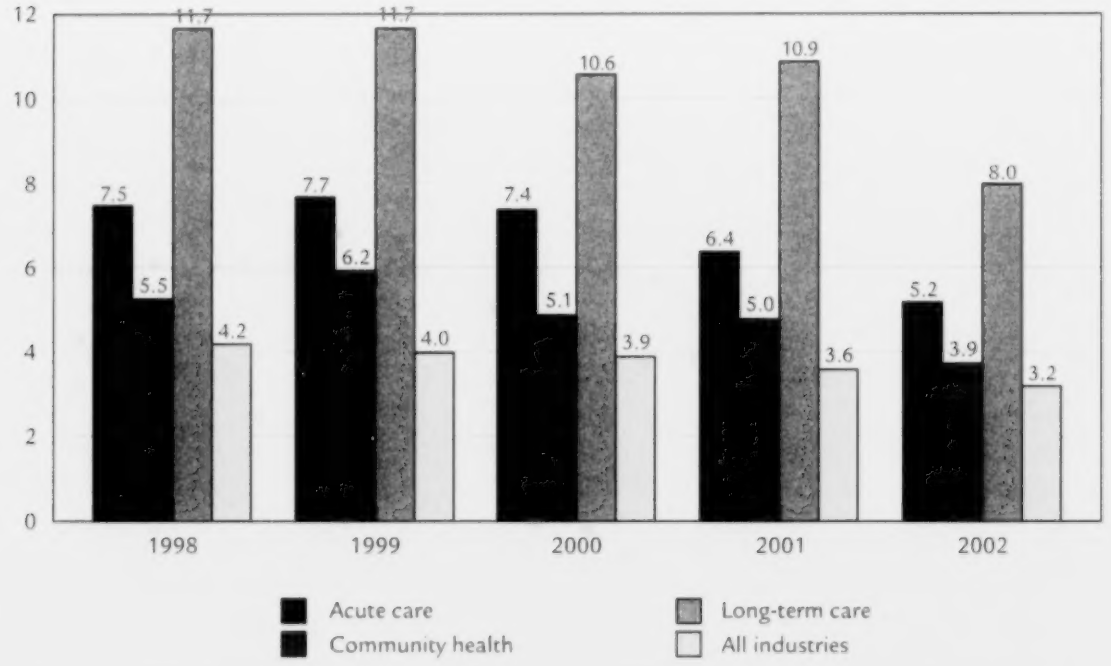
Workers' Compensation Board injury rates and costs remain higher for health care than other industries, although they are declining

Data maintained by WCB shows that the average rate of injury in each of the acute care, community health and long-term care sectors is improving, but remains higher than the provincial rate for all industries. The health authorities, in conjunction with other stakeholders have focused their efforts in recent years on reducing the impact of injuries, especially musculoskeletal injuries. Exhibit 1 indicates a declining trend in the yearly injury rate per 100 health care employees from 1998 to 2002. During that time, however, the average injury rate per 100 workers was 6.8 in acute care, 5.1 in community health and 10.6 in long-term care compared to 3.8 in all industries.

This declining injury rate is beginning to be reflected in the contributions paid by the health authorities to WCB. In 2002/03 health authority contributions totalled $83.5 million. This decreased to $76.7 million in 2003/04.

Exhibit 1

Average injury rate per 100 employees in British Columbia, 1998–2002



Source: Workers' Compensation Board of British Columbia, Prevention Division, 2003

Exhibit 2 shows WCB's claims costs for 1997–2002. "Claims cost" refers to short-term disability awards paid by WCB in a year, as well as long-term disability and survivor reserves set up in a year. Claims costs exclude health care and rehabilitation costs (such as those to cover practitioner services, drugs, supplies, homemaker services and travel).

The Healthcare and Social Assistance sub-sector's Acute and Long-Term Care classification units account for 83% of the claims volume for the sub-sector. The largest percentage of claims is made by direct care staff: registered nurses, licensed practical nurses and care aides.

The types of injuries most commonly experienced in the Acute and Long-Term Care classification units are very similar between the two units. Exhibit 3 highlights the types of injury as a percentage of the total claims received by WCB between 1997 and 2002.

Exhibit 2

Total claims costs, 1997–2002

Classification Unit	Claims Cost ($)	Percentage of Total (%)
Acute Care	165,251,038	62
Long-Term Care	56,313,028	21
Other Classification Units	45,017,739	17
Total Healthcare and Social Assistance sub-sector	266,581,805	100

Source: Workers' Compensation Board of British Columbia, Prevention Division, 2003

Exhibit 3

Most common injuries, by type, in the Acute and Long-Term Care classification units

Injury Type	Percentage of Total
Overexertion[1]	50
Bodily reaction[2]	12
Fall on same level	9
Struck by object	7
Assaults and violent acts by person(s)	5
Struck against object	4
Exposure to caustic, noxious or allergenic substances	4
Repetitive motion	3

[1] May be caused by various aspects of patient and material handling.

[2] Applies to injuries or illnesses resulting from a single incident of free bodily motion that imposed stress or strain on some part of the health care worker's body.

Source: Workers' Compensation Board of British Columbia, Prevention Division, 2003

Long-term disability claims are showing an increase in mental health-related disabilities

The Healthcare Benefit Trust was established in 1979 by the Health Labour Relations Association (now part of the Health Employers Association of British Columbia [HEABC]) to provide certain collective agreement health and welfare benefits for the employee members. In 1993, the HEABC and the trustees renegotiated a new Trust.

Healthcare Benefit Trust holds and administers funds for the purpose of paying group health and welfare benefits to eligible employees and their dependents and beneficiaries. Employees access long-term disability in one of two ways. Once employees have exhausted their short-term illness plan or they are no longer eligible for WCB support, they can apply to the Healthcare Benefit Trust for long-term disability. For the period 1997–2002, the trust allocated a total of $342 million in long-term disability to qualifying recipients.

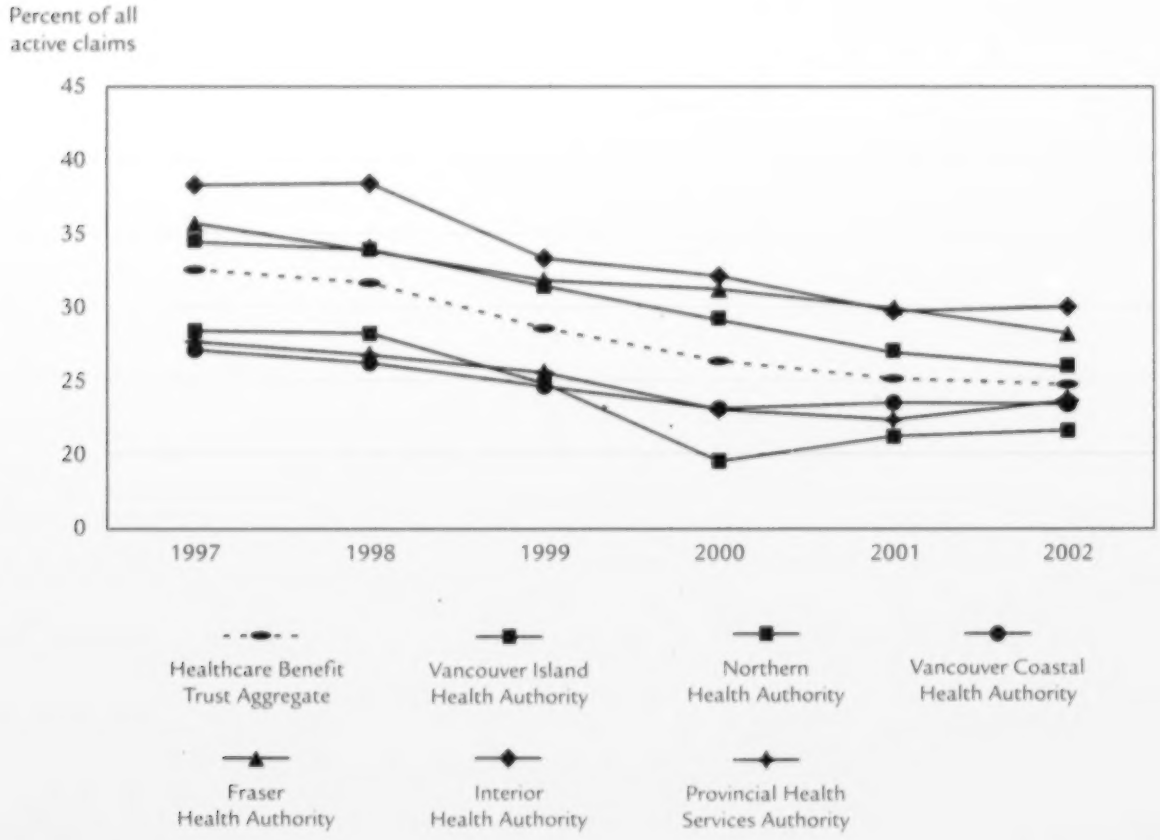
The health authorities pay into the fund based on the experience of amounts being paid out. Contribution rates for the health authorities are set as a percentage of payroll. For the period 2002/03, contributions by the health authorities totalled $60.4 million.

The distribution of types of claims for long-term disability have been changing in the last decade, with musculoskeletal-related claims declining and mental health-related claims increasing. Exhibit 4 shows the overall downward trend in musculoskeletal-related claims between 1997 and 2002, although there has been a slight increase in recent years among some health authorities.

Exhibit 4

Musculoskeletal-related claims for long-term disability as a percentage of all active claims, by health authority, 1997–2002

Disabilities include back disorders, myalgia/myositis, and peripheral muscle and ligament injury



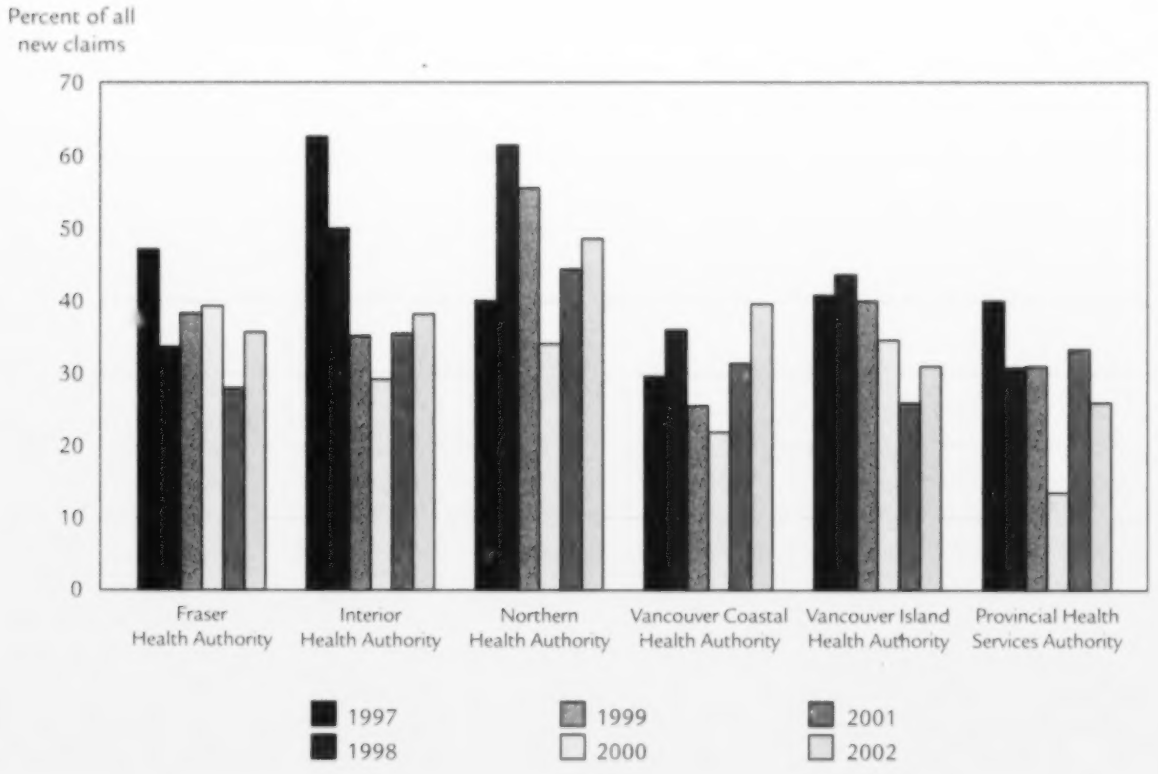
Source: Healthcare Benefit Trust, 2003

In 2002, new claims for musculoskeletal-related injuries increased for all health authorities from the previous year, except for the Provincial Health Services Authority (Exhibit 5).

Exhibit 5

New musculoskeletal-related claims for long-term disability as a percentage of all new claims, by health authority, 1997-2002

Disabilities include back disorders, myalgia/myositis, and peripheral muscle and ligament injury



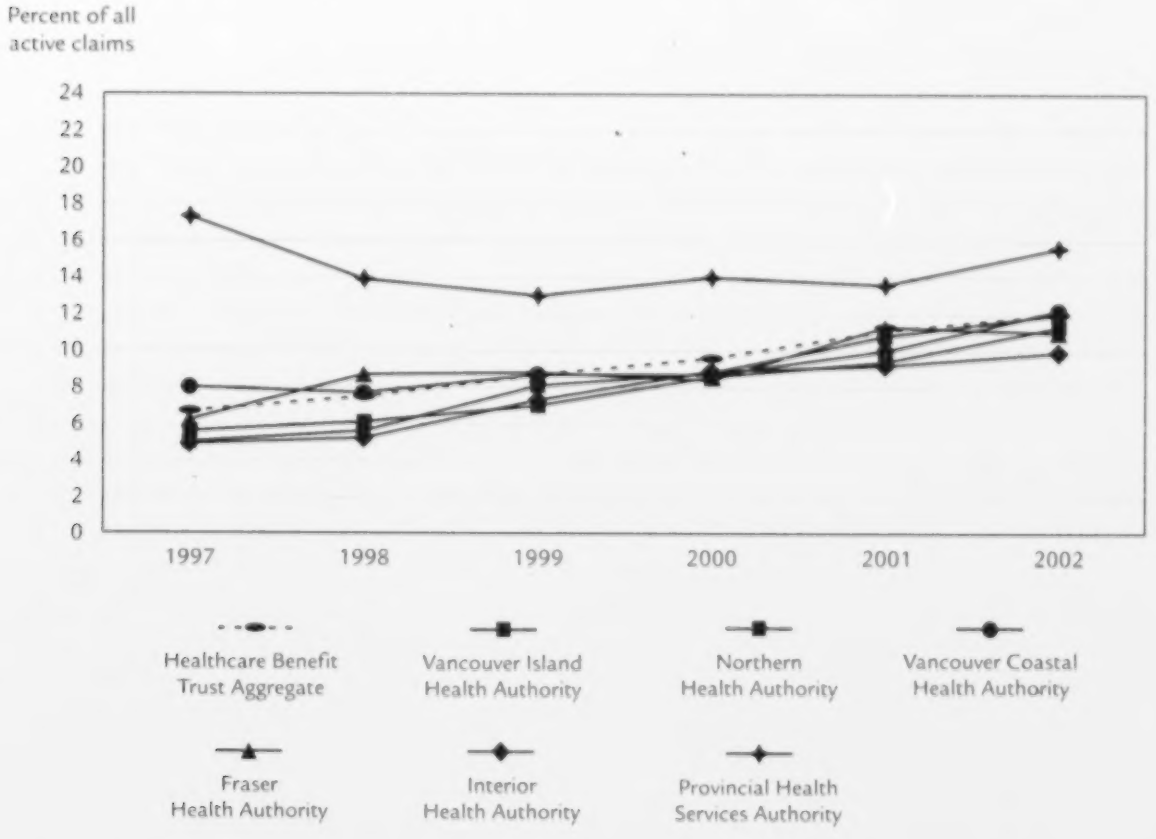
Source: Healthcare Benefit Trust, 2003

Exhibit 6 shows mental health claims as a percentage of all active claims for the period 1997–2002 for each of the health authorities. The trend of increasing mental health claims may reflect the issues we heard about during our audit work, including concerns over workload, deteriorating interpersonal relations and increasing violence.

Exhibit 6

Mental-health-related claims for long-tem disability as a percentage of all active claims, by health authority, 1997-2002

Disabilities include depression, anxiety, stress, and alcohol and drug dependence/abuse



Source: Healthcare Benefit Trust, 2003

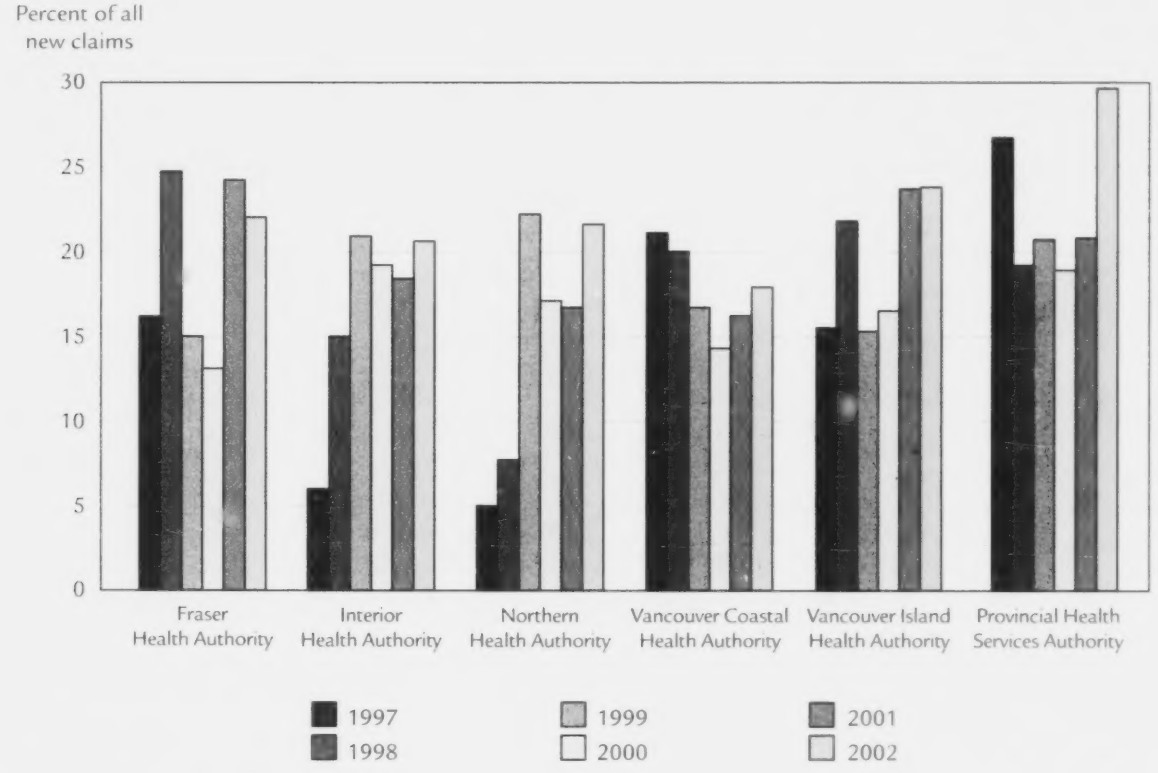
Such a trend also echoes a recent finding of the Global Business and Economic Round Table on Addiction and Mental Health, which reported that mental illness is now the leading cause of employee disability in Canadian companies. This issue, according to the report, needs to be addressed at the board level.

Exhibit 7 highlights new mental-health-related claims as a percentage of all new claims. In 2002, new claims for mental health disability increased in all authorities from the previous year, except the Fraser Health Authority.

Exhibit 7

New mental-health-related claims for long-term disability as a percentage of all new claims, by health authority, 1997–2002

Disabilities include depression, anxiety, stress, and alcohol and drug dependence/abuse



Source: Healthcare Benefit Trust, 2003

Short-term sickness-related absences are costing the health authorities more than $100 million a year

Short-term absences related to sickness can range from two days to five months. They may also include days when a worker is not physically sick, but misses a scheduled shift for another reason, such as attending to a sick family member.

The total direct sick time cost for five health authorities in the 2002/03 fiscal year was $103.2 million (information was not readily available from the Northern Health Authority). This does not include the cost of relief staff who were needed to replace absent workers or of overtime that may have resulted. Such indirect costs of absences are often estimated to be 2–10 times the direct costs. Also not included is the cost of decreased productivity when staff attend work but are not feeling well. This is sometimes referred to as "presenteeism." The cost of presenteeism is unknown, but some reports have estimated it to be two to four times the direct cost of illness and injury.

Attributes of a healthy work environment

A healthy work environment has three main attributes:

1. Safe and healthy physical environment

   A healthy physical environment focuses on the health and safety of the worker. It is a workplace in which employees are protected from injury, violence, hazardous substances, ergonomic stress and other hazards. It is also a place that gives all employees (including those with health-related restrictions) access to the tools and other resources they need for their job.

2. Healthy psychosocial environment for employees

   A psychosocial environment is made up of many factors, ranging from negative stress to positive organizational commitment. Some stress is a normal feature of most workplaces and is not always undesirable. However, when combined with other negative factors and increased to abnormal levels, stress becomes one of the main causes for work absence.

According to one model, the optimal work environment for an individual's social and psychological well-being includes:

- demands that fit the resources of the person,
- a high level of basic predictability,
- good social support,
- meaningful work,
- high level of influence at work, and
- balance between efforts and rewards.[2]

3. Individuals with healthy lifestyles

Good nutrition, exercise, positive health behaviours and general well-being all go together to make up healthy lifestyles. An individual's work environment can support these elements through encouragement, education and opportunity.

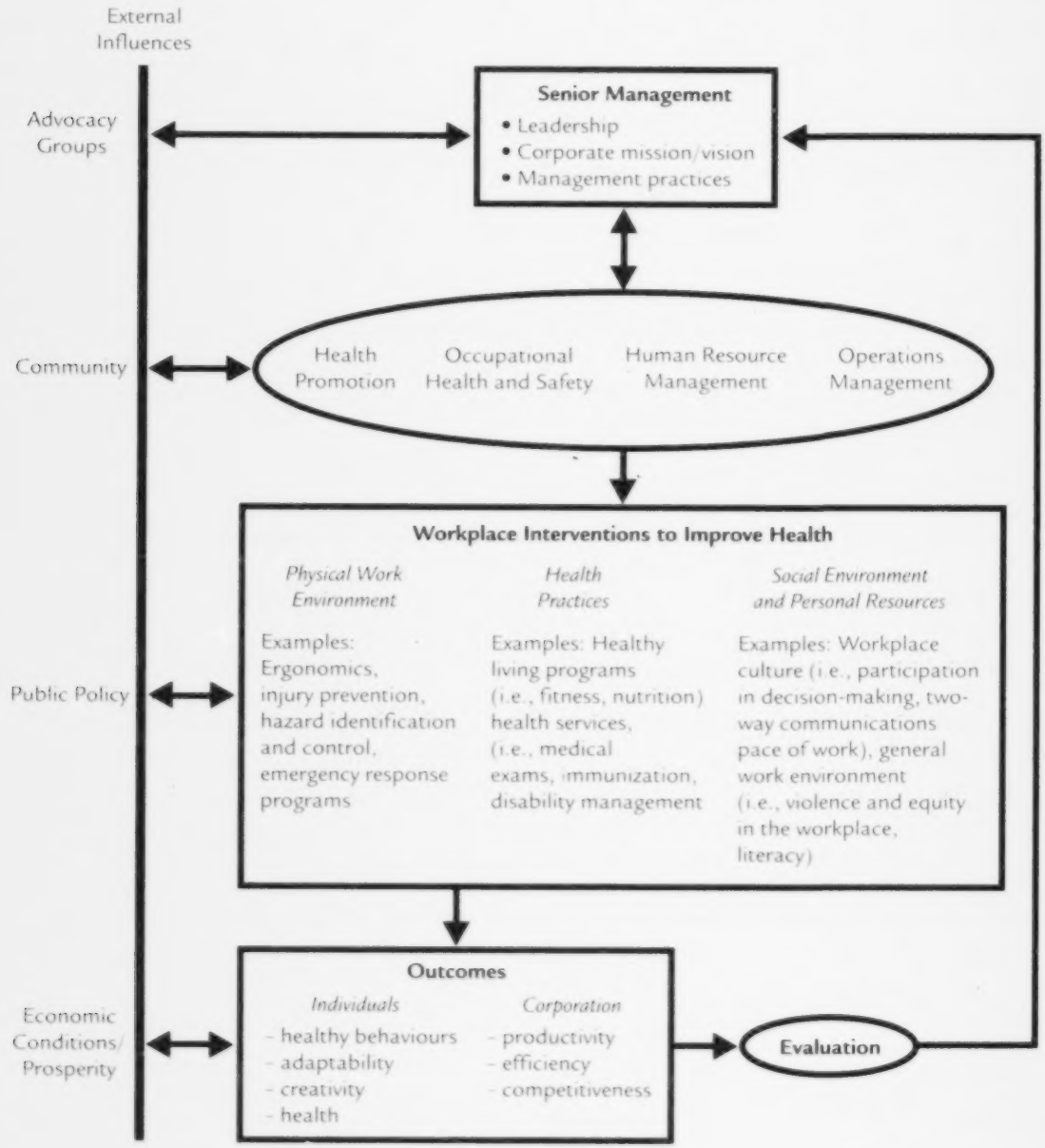
The best way to create a healthy work environment is through an integrated approach. Exhibit 8 depicts such an approach. For the health care sector, outcomes would include the quality of patient care.

The National Quality Institute, a not-for-profit Canadian organization that provides services to promote excellence in organizations has developed criteria for measuring an integrated approach to a healthy work environment (see Appendix C).

[2] Canadian Health Services Research Foundation. 2001. *Commitment and Care: The Benefits of a Healthy Workplace for Nurses, Their Patients and the System.*

Exhibit 8

An integrated approach to workplace health



Source: K. Bachmann. 2000. *More Than Hard Hats and Safety Boots: Creating Healthier Work Environments.* Conference Board of Canada.

Leadership in establishing and maintaining a healthy work environment is lagging

Leaders set the tone and create the culture of an organization. They influence the creation of a healthy work environment through their words and actions. We looked to see if health authority leaders were leading the creation of a healthy work environment. Exhibit 9 highlights guiding principles for healthy work environments.

Conclusion

"Budget cuts mean calculated decisions not to invest in human resources. The focus is on how to get the work done."

Health Authority CEO

The health authority leaders are not championing a healthy work environment. Instead they have delegated responsibility for the work environment to others such as the human resource department. Their financial situation has led them to focus on controlling costs by reducing injuries, sick time rates and overtime costs. While this focus may benefit employee wellness to a degree, we concluded these efforts are directed at addressing the symptoms of an unhealthy work environment and not the under-lying causes. Only one health authority has undertaken to ask employees their views on the work environment in an attempt to more fully understand the issues affecting it. We believe this is a critical first step in strengthening the work environment.

Findings

Awareness of the importance of a healthy work environment has increased among health authorities, but how to achieve it is still unclear

The health authorities have become increasingly aware that a healthy work environment is important—especially in terms of retaining and recruiting new employees—and that better leadership and management are required to maintain the overall health of the organization. However, their focus is still largely on ensuring physical safety and not on managing the other elements of a healthy workplace, such as promoting mental well-being, conducting wellness programs or assisting employees in maintaining a sound work-life balance.

We also heard very little from health authority leaders about the role that unions might play in creating a healthy work environment, although there is union representation on committees convened for specific initiatives. Examples include the Vancouver Coastal Health Authority, which has formed a Bipartite

Exhibit 9

Guiding Principles for Healthy Workplaces

1. ***Supportive culture and values:*** Creating and maintaining a healthy workplace requires a supportive culture that clearly values employees and is trust based. Ideally, the process of creating a healthy workplace should be designed to strengthen trust.
2. ***Leadership:*** Commitment from top management is critical, and must take the form of visible leadership on health issues. Employees judge commitment by actions of the CEO and the executive team. Leadership must also be exercised throughout the organization, especially by managers.
3. ***Use a broad definition of health:*** Good mental and physical health means more than the absence of illness, injury and disease. It also means leading a balanced life, developing one's potential, making a meaningful contribution to the organization, and having a say in workplace decisions.
4. ***Participative team approach:*** Implementing a healthy workplace strategy requires an integrated approach, guided by teams that include representatives from management, health and safety, human resources, employees and unions. This is not just a health issue. Direct employee involvement at all stages is especially critical to success.
5. ***Customized plan:*** Collaboratively develop a workplace health policy and action plan with clear goals. The policy and plan must be tailored to the business context, workforce characteristics, and documented gaps in the work environment. Learn from change introduced and refine the plan accordingly.
6. ***Link to strategic goals:*** Clearly link health issues and outcomes to the organization's strategic goals. Integrate health and well-being objectives into the organization's business planning process, so that over time all management decisions take health into account.
7. ***Ongoing support:*** Allocate resources that ensure continuity to healthy workplace actions. Provide training, especially to managers at all levels, to sustain the initiative and embed health into how the organization operates.
8. ***Evaluate and communicate:*** Open and continuous communication is a key success factor in any organizational change initiative, and health is no different. Consistently evaluate outcomes and keep top management informed about the impact of healthy workplace issues on business results.

Based on analysis and synthesis of the following sources: Health Canada, Workplace Health Strategies Bureau, website (www.hc-sc.gc.ca/whsb-ssmt); Health Canada, *Workplace Health Promotion Programs: Tools and Techniques for Evaluating Progress* (2000); Health Canada, *Health Works. A "How-to" for Health and Business Success* (1999); Health Canada, *Developing a Comprehensive Health Policy: Why and How. A Guide for the Workplace* (1998); Health Canada, *The Business Case for Active Living at Work;* National Quality Institute website (www.nqi.ca); NQI-PEP (National Quality Institute's Progressive Excellence Program), *Healthy Workplace Criteria Guide* (July 2001); M. Shain and H. Suurvali, *Investing in Comprehensive Workplace Health Promotion,* National Quality Institute (2001); Wellness Councils of America (WELCOA) website (www.welcoa.org).

Source: G.S. Lowe. 2004. *Healthy Workplace Strategies: Creating Change and Achieving Results.* The Graham Lowe Group (www.grahamlowe.ca).

Steering Committee of union and management (including the CEO) charged with reducing the rate of musculoskeletal injuries; and the Vancouver Island Health Authority, which has brought union and management representatives together in the development of its Blood and Body Fluids Exposure Control Plan.

The mission, vision and value statements of the health authorities give little recognition to staff health and well-being

The Northern Health Authority is the only authority that explicitly recognizes the well-being of its employees in its mission statement: "[We] will monitor progress by continually measuring service quality, access to services, **our work-life quality** and costs" (our emphasis added). The Vancouver Island Health Authority recognizes the well-being of its employees as one of its values: "...care, compassion, and **respect for the well-being and dignity of all we serve and work with**" (our emphasis added). Others, such as the Vancouver Coastal and Fraser health authorities, recognize staff only to the extent of acknowledging, either directly or indirectly, the importance of trust and respect.

Even within the organizations' human resource plans or occupational health and safety plans, we found that the value of employees was not always clearly stated. The Fraser Health Authority is one that refers directly to the importance of its employees, saying, "To enhance Fraser Health's effectiveness into the future, our people development strategies must be built on the same fundamental principle ... a holistic, proactive approach that focuses on the needs of our people and organizational wellness." Fraser Health goes on to call for unwavering commitment to three principles, stating that:

- "people are our most important asset;
- we must create readiness for and embrace change within Fraser Health through effective leadership and organization development strategies that will bring sustainable cultural change; and
- we must redesign the workplace to ensure the physician, nursing, paramedical professional and administrative roles are focussed on achieving Fraser Health's Mission in the most effective manner. This requires a proactive and integrated approach to organization wellness."

"Empathy doesn't cost anything. Being an active listener is free. People have to be heard, valued and respected."

Focus group participant

However, acknowledging the importance of employees on paper is only one step. Following through with actions and open and transparent communications is necessary to make the commitment credible. As managers told us, "We need to show people we value and respect them, even as we make changes."

All the health authorities except Interior Health lack reliable information about the state of the work environment from an employee perspective

The health authorities have information available on lagging indicators such as sick time rates, injury rates, overtime and turnover rates. When looked at together, this data can shed some light on the state of the work environment. For example, high rates of absenteeism may suggest that staff find the workplace unhealthy. High rates of overtime may signal the onset of a cycle of staff overwork and fatigue, creating a susceptibility to illness that in turn leads to increased sick time or increased turnover.

However, even the basic cost of sick time was not readily available to us from all the health authorities for the 2002/03 fiscal year. We were unable to obtain this information from the Northern Health Authority without it requiring a significant amount of the authority's staff time to draw the information from 16 separate payroll systems, which all collected data differently.

But figures alone cannot tell the whole story. There can be many reasons why sick leave is taken. For example, a recent Finnish research study found that major downsizing was linked to increased absenteeism in the remaining workers. During our interviews, managers speculated that many sick absences were not necessarily for ill health but, rather, a range of reasons—from family medical appointments that needed dealing with to lack of support in the workplace, heavy workloads and poor relationships with peers or a manager. The lack of good information gathered directly from employees about what issues contribute to staff not wanting to be at work is a significant gap. Clearly, then, injury and absenteeism rates provide only part of the picture about the work environment.

The Interior Health Authority is the exception. It conducted its first workplace assessment in 2002. The survey of 1,200 employees was conducted as part of Watson Wyatt's regular Work Canada Survey, which asks employees at all levels about their attitudes toward their workplace and their employer. Undertaken at a time of great change and turbulence in the organization, the survey nevertheless provided valuable baseline data from which health authority management could move forward. For example, the results of the survey were used to help focus the authority in its quest to become an "organization of choice" and in its efforts to develop a human resource plan. An employer or organization of choice is one that employees choose to work for even when presented with other employment options.

The other authorities told us they plan to seek staff feedback sometime, but only when they have the resources to act on any issues that might be identified. However, we do not expect this will happen over the short to medium term given the fiscal constraints they face.

"We have targets for reducing sick time. They were arrived at pretty arbitrarily. It was more for a statement to the managers to manage it."

Health Authority CEO

The focus groups we held with frontline staff in the five geographically defined health authorities identified a wide variety of issues in the workplace. Some of these issues were specific to a health authority or facility, but we also heard common themes across the groups. Exhibit 10 highlights the key themes by the three components that make up a healthy work environment. We also heard some positive comments about specific workplaces and people, but the only common one across the five authorities had to do with the installation of ceiling lifts in many facilities.

The themes identified by the focus groups are very much in keeping with what the literature indicates are contributors to an unhealthy work environment.

Given that the health authorities are setting targets for reducing sick time and overtime with very little idea of what the underlying issues are, managers and employees question whether the targets are realistic or ultimately obtainable.

Exhibit 10

Focus group themes

Physical Issues	Psychosocial Issues	Lifestyle Issues
Lack of cleanliness, poor air quality	Lack of respect from management and colleagues	Poor food choices in cafeterias and vending machines
Concerns about violence and security	Lack of trust in management; their words and actions do not match	Lack of time to take breaks to get away from work areas
Lack of equipment, lack of equipment maintenance	Poor communications; lack of honest, respectful communication	Lack of flexible scheduling
Heavy workload	Absent leadership, lack of good management	Lack of staff facilities
Lack of ergonomic assessments, and lack of follow-up	Intimidation and bullying, heavy workload	Lack of work-life balance opportunities

Source: Compiled by the Office of the Auditor General, 2004

The health authorities have started developing plans for managing their human resources, including employee health

Two years after their creation, the health authorities are only now at various stages of developing and implementing plans for creating healthy workplaces. The plans vary widely. Some are independent human resource plans; others are human resource plans completed in conjunction with an occupational health and wellness plan. Many were developed before the health authorities had a strategic plan in place.

Health Authority Health Service Redesign Plans were prepared for the Ministry of Health Services to provide the authorities with some direction in terms of planning to meet their fiscal targets, but they are not adequate to guide human resource plan development.

We expected the health authorities' healthy workplace plans to have formally stated objectives, strategies, targets, implementation timelines, reporting expectations, costs and assigned responsibility. As Exhibit 11 shows, many of these elements are missing (blank cells indicate missing information).

Exhibit 11

Content of human resource and occupational health and safety plans, by health authority

	Objectives	Strategies/ Deliverables	Targets/ Timelines	Implementation Expectations	Reporting	Costs	Responsibility
Fraser							
Healthy People, Healthy Workplace Strategies for Workplace Safety and Wellness	✓	✓	✓	✓	✓		✓
Interior							
People Plan	✓	✓					
Workplace Health and Safety Plan	✓	✓	✓	✓	✓		✓
Northern							
Corporate Human Resources Goals and Objectives	✓		✓	✓			
New Directions Workplace Health and Safety		✓					
Vancouver Coastal							
Employee and Workplace Health and Safety Plan (draft)	✓	✓		✓			✓
Vancouver Island							
Human Resource Plan (draft)	✓	✓	✓	✓	✓		✓
Provincial Health Services	The authority did not have a corporate human resource or health and wellness plan in place at the time of the audit. A strategic plan has been developed and includes a human resource component, but the plan had not yet received board approval.						

Source: Compiled by the Office of the Auditor General, 2004

Leadership in establishing and maintaining a healthy work environment is lagging

We expected the healthy workplace plans to address the physical, psychosocial and health promotion aspects of the work environment. We found wide variation across the authorities in the amount of attention paid to each of these aspects and the degree to which specific objectives and timelines were identified. The emphasis overall in the majority of plans was on the physical aspects of the work environment. For the psychosocial aspects, the emphasis was on leadership development and the introduction of personal conduct policies. Where healthy lifestyles or health promotion was included, the emphasis was on specific programs, such as immunizations. The Interior Health Authority does have a specific objective "to initiate health promotion programs that address individual and organizational wellness," and suggested corporate fitness memberships and seminars on parenting and caring for elderly relatives as potential programs that could be initiated. The Vancouver Coastal Health Authority also has a staff fitness centre available at its Vancouver General Hospital site, but continued operation of the centre was under review at the time of our audit.

The total resources being allocated to support a healthy work environment are neither clearly defined nor well coordinated

Creating a healthy work environment requires investment as well as leadership and information for decision-making. Investment is needed for a range of activities, from training management and staff to purchasing injury-reducing and safety equipment, maintaining that equipment and carrying out renovations. It is therefore difficult to identify a specific amount of money being allocated to work environment improvements. No particular percentage of the capital equipment budget, for example, is just for equipment to improve worker safety (although safety is a criterion considered for all equipment). Because all equipment is paid for from the same pool of money, the ability of a health authority to invest more extensively in injury-reducing equipment for workers (such as lifts and electric beds) is greatly limited by the demands for diagnostic and other patient-related equipment. The same can be said about investing in similar aspects of creating a healthy work environment.

Leadership in establishing and maintaining a healthy work environment is lagging

"Even if we didn't have a financial return on this—these are people—if you damage someone's back, it is for life. We should have been dealing with this proactively rather than in response to WCB rate increases."

Health Authority Senior Manager

We found that managers do not even have specific funds in their program budgets to make minor equipment changes or modifications to the work area that would address a safety concern and prevent a potential injury. If managers are unable to be proactive in this area, it can send the message that injury reduction and employee safety are not high priorities. Several managers told us that with some juggling they can usually find the funds to cover minor issues. Others stated that they often just solve the issue and then hope they can find the funds to pay for doing so. As one nursing manager told us, "You just do it, because if the nurse is at risk, the patient is at risk."

"I was on disability from a herniated disc that I have never recovered from. My life has changed radically. I found out that as a health care worker I am expendable."

Focus group participant

Agencies such as WCB, the Occupational Health and Safety Agency for Healthcare in British Columbia (OHSAH), and the Ministry of Health Planning (through the Nursing Directorate) also provide funds to the health authorities directed toward creating a healthy work environment. Most of the money from WCB and OHSAH goes to the physical aspects of the job—in particular, to reducing the incidence and severity of musculoskeletal injuries. As well, the Healthcare Benefit Trust, although not providing direct funds, does offer consultative services to the health authorities in looking at the broad work environment.

In 2002, the Health Employers Association of British Columbia (HEABC), on behalf of the health authorities, submitted a funding proposal to WCB requesting $6 million from the Acute Care surplus to be targeted to musculoskeletal injury reduction in the No Lift Program. The request was given approval, including an outline of the essential program elements. The health authorities, in conjunction with the HEABC, then determined how much of the $6 million would be distributed to each of the health authorities. To receive their portion from WCB, each authority had to submit detailed work plans and budgets and agree to file semi-annual progress reports.

Exhibit 12 outlines the total dollars allocated to each health authority for the No Lift Program and the amounts each has allocated to training, equipment and maintenance, and administrative costs.

Exhibit 12

No Lift Program funding by health authority, since 2002

Health Authority	Total WCB Funding ($)	Training ($)	Equipment and Maintenance ($)	Administrative Costs ($)
Fraser	1,495,751	161,500 (11%)	1,071,751 (71%)	262,500 (18%)
Interior	994,580	362,500 (36%)	377,000 (38%)	255,080 (26%)
Northern	290,744	148,349 (51%)	132,395 (46%)	10,000 (3%)
Provincial	645,600	191,165 (30%)	454,435 (70%)	0
Vancouver Coastal and Providence Health Care*	1,494,413	93, 240 (6%)	1,303,335 (87%)	97,838 (7%)
Vancouver Island*	1,078,912	20,000 (2%)	898,912 (83%)	160,000 (15%)
Total	**6,000,000**	**976,754 (16%)**	**4,237,828 (71%)**	**785,418 (13%)**

*These health authorities are supplementing training costs with other funds to maximize the availability of funds for equipment expenditure.

Source: Workers' Compensation Board, Prevention Division, 2003

OHSAH also provides additional funds to the health authorities for programs aimed at reducing the occurrence and duration of musculoskeletal injuries. All OHSAH partnership projects require a contribution "in-kind" from the health authorities, such as management and staffing for the projects. Exhibit 13 provides a summary of the committed and disbursed partnership initiative funding from OHSAH to each health authority.

The extra funds for these initiatives are important and appear to be having an effect on reducing injury rates among health care workers. The health authorities, WCB and OHSAH need to continue to ensure their efforts are coordinated and directed at the most important issues.

Exhibit 13

Funding received from the Occupational Health and Safety Agency for Healthcare in British Columbia, 2000/01-2003/04

		Disbursements					
Committed Health Authority	**Total Training Amount ($)**	**2000/01**	**2001/02**	**2002/03**	**2003/04**	**Funded to Date (Nov 30/03)**	**Remaining to Fund ($)**
Fraser	1,057,749	56,950	177,851	176,344	161,977	573,122	484,970
Interior	661,331	7,000	51,322	121,636	16,000	195,958	461,972
Northern	306,000	0	5,000	0	0	5,000	301,000
Province Wide	230,199	78,964	36,627	88,794	0	204,385	25,814
Provincial Health Services	65,400	20,000	4,000	1,187	1,000	26,187	39,213
Vancouver Coastal	1,135,344	178,909	300,993	156,752	149,999	786,653	331,143
Vancouver Island	898,295	154,656	98,977	161,753	103,970	519,356	351,256
Total	**4,354,318***	**496,480**	**674,769**	**706,466**	**432,946**	**2,310,661***	**1,995,368***

*Numbers may not add up because of project cancellations or under-budget project completions.

Source: Occupational Health and Safety Agency for Healthcare in British Columbia, 2003

The Occupational Health and Safety Agency for Healthcare in British Columbia

OHSAH was created in 1998 as a result of an accord between heath care employers and union representatives, in response to the fact that previous injury prevention efforts had not been successful in addressing rising injury rates, time loss and costs. The agency's Board of Directors consists of equal representation from employer and union organizations, with four board members chosen by the Health Employers Association of British Columbia and one each from the Hospital Employees' Union, Health Sciences Association of British Columbia, British Columbia Nurses' Union, and British Columbia Government and Service Employees' Union. OHSAH's approach to programs and initiatives is very research focused and thus requires identifying, implementing and evaluating best practices across a range of activities, including educating, training, procuring and properly introducing safe equipment, establishing clear and sensible policies and procedures, promoting a healthy work organization and culture, and implementing data collection systems to track established leading and trailing performance indicators.

Leadership in establishing and maintaining a healthy work environment is lagging

We recommend that the health authorities:

- Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.
- Demonstrate in word and action that employee health and well-being are important to organizational success.
- Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.
- Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.
- Ensure, in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

Promoting a healthy work environment is limited by budgets and focus

Creating a healthy work environment requires putting in policies and programs that address all aspects of that environment. A focus on only one aspect may not result in the desired reduction in injuries or absenteeism. We looked to see what policies and programs the health authorities had in place to promote a healthy workplace.

Conclusion

The health authorities have implemented a number of policies and programs to address the physical aspects of the work environment (such as the No Lift Program and ergonomic assessments). However, in addressing the psychosocial environment, the authorities are focused mainly on leadership development and some staff training related to change management. The difficulty will be for the health authorities to continue with, and further develop, their efforts to create a healthy work environment in the face of budgetary constraints.

Findings

The health authorities are taking a more proactive approach to preventing, or reducing the impact of, occupational disease and injury

All health authorities have received additional funds from both WCB and the Occupational Health and Safety Agency for Healthcare in British Columbia (OHSAH) in support of reducing musculoskeletal injuries. The funds provide for equipment and training to decrease the amount lifting and moving of patients and materials that staff must do in support of patient care.

The health authorities also have staff available to perform ergonomic assessments at the time of an incident (for example, after someone has been injured lifting a patient or moving a piece of equipment) and proactively (for example, ensuring the correct placement of keyboard and screen at computer workstations, and for some, assessing new capital and renovation projects from a staff operational need as designs proceed).

As well, OHSAH has undertaken and funded several initiatives in conjunction with the health authorities. One of these, the Prevention and Early Return to Work Program (PEARS), involves an integrated process of musculoskeletal injury prevention, early intervention and return to work. The aim is to reduce the incidence, duration, time loss and related costs of MSIs through early intervention and the use of preventative strategies such as ergonomic assessments and workplace accommodation. The program has expanded from two pilot sites at Royal Columbian Hospital and Vancouver General Hospital to sites across all the geographically defined health authorities. PEARS has proven so successful that Vancouver Coastal Health Authority has committed to fund the original pilot and expand the program to other areas in partnership with OHSAH.

Other OHSAH initiatives include ergonomic assessments of laboratory workstations and evaluation of portable ceiling lifts for patient handling in diagnostic imaging. The response in the focus groups we held was very positive about the ceiling lifts in particular.

The increased emphasis on preventing musculoskeletal injury, or reducing its impact when it does occur, appears to be having an effect, as Exhibits 4 and 5 (presented earlier in the report) illustrate.

The health authorities are taking steps to promote and develop management practices consistent with a healthy work environment

Studies show that an organization's leadership practices and direct management to staff interaction have a significant effect on staff well-being, organizational health and customer service. We found that the health authorities are focusing some resources and effort in this area, but still have a significant way to go.

Building leadership and management capacity

Senior executives across all health authorities identified as a concern the lack of leadership capacity in their organizations and the impact this is having on both staff relationships and managerial effectiveness. Their concerns were directed at senior-level decision-makers and managers at the mid-level who have more direct contact with staff.

Already aware of this issue, the health authorities have been providing investment in management development. In some authorities the programming is internal. In others it is external or a combination of both. For example, Fraser Health has recently allocated approximately $1 million for leadership development. This money will fund in-house programs such as "Leading for Engagement," as well as the enrolment of up to four staff in Royal Roads University's Masters degree program in leadership. Participants in the Royal Roads program must pay half the tuition fees themselves and agree to continue to work for the authority for an additional three years.

The Vancouver Island Health Authority also provides an in-house program of which one component is "Leading in a Learning Organization," (developed in conjunction with external university and industry experts). The program is offered to executive, managers and frontline supervisors and is facilitated by internal and external instructors. A recent external evaluation of the program suggests that a substantial amount of what is learned is being transferred to the workplace.

Despite these important initiatives, the ability of the health authorities to deliver such programs may be affected by their financial situation. In difficult financial times, education and training are often the first items to be decreased or eliminated. An example of this was seen in the Northern Health Authority. In January 2003, the executive approved in principle the "Blueprint for Leadership Development" and allocated $132,000 to it. That amount was soon reduced to $32,000 because of the organization's fiscal situation.

Frontline staff are also offered development opportunities in areas such as conflict and change management and supervisory skills. However, most frontline training is focused on skills that are directly applicable to the job. Providing frontline staff with educational opportunities is a challenge in terms of finding the time, money and replacement staff necessary to make it possible. How much the health authorities are allocating to staff education was unclear to us because it is managed differently across health authorities and within facilities.

Managing managers' span of control

All the geographically defined health authorities generally acknowledged that the broad responsibilities of many frontline managers limited the latter's ability to effectively manage their workload or develop meaningfully supportive relationships with staff. Frontline staff in our focus groups echoed this view. We heard time and again that managers are just not available to assist staff in dealing with issues. Some staff commented that they weren't even sure who their manager was given the environment of continuous change.

Both the Vancouver Island and Vancouver Coastal health authorities have initiatives underway within their nursing departments to assess and address the issue of span of control. At the time of our fieldwork, Vancouver Coastal's initiative was in the data collection and analysis stage. Vancouver Island had developed and approved new position descriptions and department reconfigurations. Funding had been allocated to support a project manager in moving the latter initiative ahead, but all changes to structure and positions had to be done within the existing budget. These are positive efforts. However, since the issue is one that affects non-nursing areas too, further work needs to be done.

A number of management issues and practices still need to be addressed

Frontline managers have high levels of stress

It was evident in our interviews that some frontline managers in the system are at a breaking point. Their capacity to manage the expectations of executive management and frontline staff has reached its limit. They believe that executive staff continue to introduce changes without acknowledging that implementation always falls on the already heavily burdened frontline manager. Some frontline managers who also have responsibility for providing patient care told us they often just let their management responsibilities slide.

Management staff believe they have little control over their work and little ability to control the workload of their staff. According to a number of managers, the "agenda" is being driven by fiscal bottom lines and not by the care demands of the patients.

Promoting a healthy work environment is limited by budgets and focus

"We just had a vacation day request turned down. And you know what that employee is going to do the next time: she is not even going to ask; she is going to call in sick. Guaranteed. Everyone is learning that. This is the lesson being taught."

"We can't bring in extra people, so the stress levels get higher and higher and then we get people calling in sick."

Focus group participants

One nursing manager spoke of staff making patient care decisions only to have those decisions overridden by a senior manager. Another noted that when the percentage of patients requiring total care increases by 25–30% but staff numbers don't change, the risk of injury to staff goes up. Managers in non-nursing areas such as housekeeping, laboratory and physiotherapy expressed many of the same concerns, especially about the increasing workload and lack of resources. All spoke of the difficulties they faced in providing scheduling flexibility for staff, including approving staff vacations.

Compounding the scheduling issue is the unending cycle that leads to stress: reductions in overtime and sick time to meet targets means not replacing people who are off; this increases the workload of those who are working; they then get tired and more prone to injury and illness and are therefore more likely to end up being absent from work.

Many managers admitted they do not have the time to interact with staff informally to help them deal with personal issues and workplace conditions, to provide professional guidance, or to give more formal feedback through the performance appraisal process. This concern was raised most often by those managers with large spans of control or multi-site responsibilities and limited support of assistants.

Communication is lacking or hostile in some situations

Interpersonal communications remain difficult on a number of levels.

At the interdepartmental level, focus groups said that staff-to-staff relations in some facilities were deteriorating because of increased stress levels from heavy workloads and lack of resources. These strained relations have resulted in rudeness, lack of respect and, in some instances, even intimidation and bullying. The health authorities all have policies that outline expectations regarding work conduct among staff. For example, the Vancouver Coastal Health Authority's Standards of Conduct states, "Staff are expected to behave in a cooperative and courteous manner with one another;" and the Northern Health Authority's Respect in the Workplace Policy outlines how employees are expected to behave and what procedures they must follow if an incident occurs. The

Promoting a healthy work environment is limited by budgets and focus

Vancouver Island Health Authority has a conflict management program available to employees. For all the health authorities however, ensuring effective implementation of their policies is a challenge—and expecting staff to adhere to these policies while not changing the precipitating factors does little to ensure their effectiveness.

"It has to be zero tolerance for bullying. We have zero tolerance in schools. There should be zero tolerance in the workplace."

"There is frequent intimidation and retaliation if you don't toe the line."

Focus group participants

Senior management communications with frontline managers are also problematic, seen to be top-down and inviting limited input from the frontline managers on policies, changes or issues. The health authorities have various methods of communicating with their managers. One is the management forum, where all managers get together for a one- or two-day meeting. These forums are often a mix of information exchange and education. The managers we interviewed gave the forums mixed reviews. Some said they were useful as information sessions and that the education provided was beneficial; others said they were all one way, with no opportunity to discuss issues or offer input.

One-on-one meetings also provided a mechanism for communication, but again opinions about their usefulness varied from individual to individual. Some managers thought they were a good way to provide their boss with information on a number of issues; to receive feedback about their performance; and to discuss policies and changes. However, others questioned the value of such meetings. Said one, "Going back to my favourite time as a manager, when I met with my Director, we talked about things—the patients, the staff and ourselves—and then if we had time we talked about money. Now all we talk about is money."

"They have damaged the relationship so much. Maybe it will work for younger people or new staff, but for us, we will never trust them."

Focus group participant

Communications between frontline managers and staff were considered challenging as well. Workloads limit how often staff meetings can be held and how often staff can attend. In lieu of these meetings, written communication systems are in place to help get information to staff. However, the focus groups told us they felt that communication was lacking about what was occurring, messages were inconsistent and there was little or no opportunity for staff input into any of the change initiatives underway. Staff perceived this situation as showing management's lack of respect for their knowledge and abilities. And such a perception, in our view, contributed to the high level of mistrust of management we found among staff.

We believe this scepticism and mistrust should be of real concern to the health authorities if they are committed to creating a healthy work environment. They need to focus on ensuring consistency between their words and their actions if they hope to gain back the trust of their employees.

The health authorities have placed very little emphasis on promoting healthy lifestyles among health care workers

We found that some health authorities offer specific health-issue promotions, such as helping workers to stop smoking or encouraging them to get influenza shots. However, no authority has taken a broad, comprehensive approach to advocating healthy lifestyles among workers. In fact, the focus groups told us that the work environment actually contributes to unhealthy lifestyles—from cafeteria and vending machines that sell food of poor nutritional value to the heavy workloads imposed on staff and the impact on work-family balance.

The health authorities have systems in place to manage injury and illness events

All the health authorities, we found, have policies and processes set up to help them manage both the impact of injuries or illnesses on their employees and the costs associated with those situations.

Absence/attendance management

All geographically defined health authorities have absence/attendance management programs in place. These programs provide managers with guidance about contacting employees who do not come to work as scheduled because of illness or a personal crisis. Under the guidelines, managers are given the opportunity to maintain contact with an employee and to assist him or her in accessing assistance (for example, counselling) if necessary. In most authorities it is the frontline manager who follows up with an employee who has called in sick, although that can also be the role of the occupational health nurse. The Northern Health Authority has contracted with a private provider to provide a disability and absence management program. In this case, the manager makes the initial contact with the employee, then after three days the private provider continues any further contact, offering supportive interventions as required.

Some managers told us that because of their span of control, they may not learn for a few days that an employee is off sick, or until they receive a sick time report. Managers also told us that although they receive some type of report regarding staff absences, they often do not get to review the reports in a timely manner. Others thought the reports were too complicated to be of much assistance.

Disability management program

Once an employee is off work because of an illness or injury, it is important both for the employee and employer to try and return the worker to a healthy state and to their job. To be effective, a disability management program involving case management, return-to-work programs and duty-to-accommodate requires cooperation between the employer, employee, unions and external agencies such as WCB and the Healthcare Benefit Trust.

We found that all health authorities had return-to-work programs in place (the Provincial Health Services Authority is in the process of developing corporate-wide policies and programs in this area, which are currently facility based), and most people we interviewed felt the programs were working reasonably well. Return-to-work programs involve a plan specific to the individual's needs and may include modified hours, limitations on tasks and a conditioning regime. The Canadian Human Rights Code includes a requirement for employers to take steps to eliminate possible barriers to returning employees (for example, resulting from a rule, practice or the physical setting) without causing the employer undue hardship. This is known as "duty-to-accommodate." As one health authority told us in describing its efforts to deal with duty-to-accommodate more effectively, "We know the concept; the issue is how to operationalize it."

A return-to-work program has also been funded by the Nursing Directorate of the Ministry of Health Planning. The program is targeted at Registered Nurses and Registered Psychiatric Nurses who are receiving WCB or long-term disability benefits and who have exhausted all other return-to-work options. The program provides placement opportunities in positions that may not have been in the organization's budget, but which add value to overall organizational functioning. Examples of placements include nurse

educator, workplace risk assessors, bed utilization coordinators and clinical placement coordinators. In 2002/03, the $1.1 million allocation funded 27 nurses in customized positions, six of whom were able to move into regular positions based on their training and experience. In 2003/04, the $1.5 million allocation placed 22 nurses. Evaluation of the program has been positive, but the current fiscal situation of the health authorities may eliminate the opportunity for many of these individuals to gain ongoing employment in customized positions that accommodate their limitation. The program is currently under review.

Employee assistance program

All of the health authorities, through either an arms-length not-for-profit agency or private service provider, offer a counselling service for employees and their families. The contract with these agencies is usually for a specific number of sessions per employee. All services are confidential and contact with the agency is made directly by the employee. The agencies do, however, report to the authorities on how many staff or families are accessing the service.

The availability of such a program was seen as very positive by those we spoke to. The only concern raised was that some of the contracts did not allow for an adequate number of sessions to allow an individual to effectively deal with an issue.

Occupational health and safety program

The Workers' Compensation Regulations clearly outline what organizations must do in setting up an occupational health and safety program. Exhibit 14 highlights the requirements.

We found the health authorities to be fulfilling these requirements. However, we also heard from some management staff that meetings of the authorities' Joint Occupational Health and Safety Committees, although of value, were frequently poorly functioning. Suggested reasons for this included the labour relations climate, staff assigned to the committee who didn't really want to participate, and a lack of clear terms of reference. We reviewed a sample of committee minutes and found that attendance was low in some cases. Most of the committees reviewed incident and inspection reports, developed or reviewed new policies and procedures, set inspection schedules and planned

Exhibit 14

Occupational health and safety program requirements

Contents of Program

3.3. The occupational health and safety program must be designed to prevent injuries and occupational diseases and must include:

a) a statement of the employer's aims and the responsibilities of the employer, supervisors and workers,

b) provision for the regular inspections of premises, equipment, work methods and work practices, at appropriate intervals, to ensure that prompt action is undertaken to correct any hazardous conditions,

c) appropriate written instructions, available for reference by all workers to supplement this Occupational Health and Safety Regulations,

d) provision for holding periodic meetings for the purpose of reviewing health and safety activities and incidents and trends, and for the determination of necessary courses of action,

e) provision for the prompt investigation of incidents to determine the action necessary to prevent their recurrence,

f) the maintenance of records and statistics, including reports of inspections and incident investigations, with provision for making this information available to the joint committee of worker health and safety representatives, as applicable and, upon request, to an officer, the union, the workers at the workplace, and

g) provision by the employer for the instruction and supervision of workers in the safe performance of their work.

Source: British Columbia Occupational Health and Safety Regulations, 2002

training. Recognizing some issues regarding functionality, Fraser Health has partnered with WCB to improve the functionality of two Occupational Health and Safety Committees. The "Increase, Activate and Elevate" project will measure the effect of a highly visible, active and well-educated joint health and safety committee on the workplace health and safety culture. Results will be used to improve the functionality of all Joint Occupational Health and Safety Committees within Fraser Health, and will be distributed provincially.

The focus groups raised a number of occupational health and safety issues with us, but the one of particular concern for staff was their personal safety and security.

According to focus group participants, both patients and families are becoming more aggressive, and anyone can walk freely in most areas of many facilities. Especially in the evening

"Patients are becoming more aggressive because of longer wait times."

"In home care you never know what you are walking into."

Focus group participants

and on nights, staff in some departments may work alone and away from easy contact with others. For staff working in the community, safety and security is an issue when they are working alone in an office or client's home. Those are also concerns for community workers in rural areas, as is driving alone in more remote areas with no or limited means of outside contact. Other issues included lack of communication from physicians to staff about patients with behavioural problems or violent tendencies, and between staff when patients are transferred from one service to another. Code White Guidelines (a non-violent crisis intervention strategy) are in place in facilities. These outline a trained team response to aggressive client behaviour. However, the guidelines only work well when enough staff are available to respond. They also apply only to aggressive patients—not to family members or other visitors—and do not address issues for community workers or staff working alone in departments away from the mainstream activity.

Staff acknowledged that steps have been taken to address some of the broader matters discussed here, but the issues of violence and security remain major concerns.

We recommend that the health authorities:

- **Ensure that their actions are consistent with communications to staff.**
- **Review the extent of managers' control and ensure that it is not beyond a limit to be effective.**
- **Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.**
- **Consider ways to promote a healthy lifestyle among their employees.**
- **Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.**
- **Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.**

Monitoring and reporting on the health of employees and the work environment is limited

Conclusion

Monitoring and reporting on the work environment (both to management and to the board) varies from health authority to health authority. Although all of them collect data, they do not integrate it to provide an overall profile of employee health and the work environment in their authority, nor do they evaluate whether they are addressing needs and issues. However, we found that there are initiatives underway to improve the collection and use of information.

The health authorities are legally required to report work-related injuries and illnesses to WCB. However, aside from meeting that requirement, they do no other reporting on the work environment to the ministry or other stakeholders such as the public and legislators.

Findings

Only the Interior Health Authority has a formal mechanism in place to assess the work environment on an authority-wide basis

As we noted earlier in this report, the Interior Health Authority conducted workplace assessments in 2002 and 2003. These have provided authority management with valuable data to assist it in making decisions about potential programs.

We did hear about efforts of other health authorities to assess the work environment, but these were being done at the program level and not across the larger organization. For example, Minoru Lodge in Richmond, working in conjunction with the Healthcare Benefit Trust, undertook a review in 2002 of its work practices, prompted by a concern for the health, safety and well-being of staff. The outcome of the review was the development of a plan to address the issues identified. In another example, the Intensive Care Unit at Vancouver General Hospital administered a staff survey in the fall of 2002, customized for each discipline. The findings from the survey were expanded upon through focus groups and phone interviews. From the responses received, staff were then asked to vote on the five initiatives they want to act on. The survey will be repeated next year.

Monitoring and reporting on the health of employees and the work environment is limited

Evaluation has been identified as an important component of new and existing programs

The programs financially supported by WCB and the Occupational Health and Safety Agency for Healthcare in British Columbia (OHSAH) have an evaluation component. The occupational health and wellness plans of the Vancouver Coastal, Fraser and Interior health authorities all identify that evaluation needs to be a component of their programs. For example, Fraser Health has identified the need to develop a program evaluation process and tools for its ergonomics program; Interior Health is planning to establish evaluation and outcome measures to determine the effectiveness and cost-benefit of its health and safety initiatives; and Vancouver Coastal has stated that evaluation is a key component of any initiative.

However, we believe that for all health authorities to be sure their initiatives are meeting objectives, evaluation needs to be planned and carried out for every program.

The health authorities are working to improve their human resource information systems

A human resource information system gives an organization access to integrated data for management use. Currently, most information about employee sick rates comes from the payroll systems, while injury rates and other occupational incidents are paper-based reports. In some cases, even the payroll systems are not yet fully integrated and information on the number of staff employed by the health authority is difficult to ascertain. The Vancouver Coastal Health Authority and the Provincial Health Services Authority are now implementing a human resource information system that will provide them with additional human resource information.

As well, OHSAH, in conjunction with two health authorities as pilot sites, has developed a Web-based incident tracking system. Once fully operational, this Workplace Health Indicator Tracking and Evaluation (WHITE) system should facilitate the analysis of incidents and injuries, leading to a more coordinated focus on prevention.

Senior management reporting on employee and workplace health to the Board has not been clearly defined

No mandatory or agreed-upon standards or indicators for reporting on a healthy work environment exist. As a result, internal reporting to the health authority boards varies significantly across authorities.

The Vancouver Island Health Authority has established a set of six indicators that it monitors and reports to its board. They fall into three categories: ability to recruit, ability to retain, and a healthy work environment. Although not a complete model, we used these to compare reporting by health authority management to their boards, and Exhibit 15 shows how the organizations measured up. Neither the Interior Health Authority nor the Provincial Health Services Authority reported directly on these six indicators. And only Fraser Health came close to Vancouver Island Health, reporting on three of the indicators.

Exhibit 15

Comparison of reporting on the work environment, by health authority

Blank cells indicate no reporting for the indicator

Health Authority	Indicators: Ability to Recruit		Indicators: Ability to Retain		Indicators: A Healthy Work Environment	
	Hire/ separation ratio	Difficult to fill vacancy rate	Separation rate	Average length of service	WCB claims	Paid sick leave
Fraser			✓		✓	✓
Interior						
Northern						✓
Provincial Health Services						
Vancouver Coastal					✓	✓
Vancouver Island	✓	✓	✓	✓	✓	✓

Source: Compiled by the Office of the Auditor General, 2004

Monitoring and reporting on the health of employees and the work environment is limited

"In my judgment, any board that doesn't insist on having environment, health and safety—with special emphasis on mental health—on its agenda is not discharging its governance responsibility."

Dr. John Evans,
Chairman of the Board, Torstar Ltd.

Although not on these specific indicators, the boards do usually receive some information on human resources and the work environment. The Interior Health Authority Board, for instance, receives a written monthly report in narrative form from the CEO, which includes a section on human resources. As well, the board receives the results of the annual employee survey. The Northern Health Authority Board also receives a written report. On the other hand, the Provincial Health Services Authority had never reported on the work environment or human resources until very recently.

External reporting on employee and workplace health is limited

The health authorities, under the Occupational Health and Safety Regulations of the Workers' Compensation Act, are required to report all work-related disease and injury to WCB. No such requirement obligates the health authorities to report to the Ministry of Health Services about the work environment. They do, however, report to the ministry through the Health Sector Compensation Information system which is focused on all employment-related compensation costs such as overtime, allowances and leaves. However, we believe there should be more formal and comprehensive reporting by the health authorities on employee and workplace health to ensure greater accountability to the ministry, legislators and the public.

We recommend that the health authorities:

- **Implement a human resource information system that will provide the data needed for developing a comprehensive picture of employee and workplace health.**
- **Ensure that all initiatives include an evaluation component.**
- **Have senior management work with their board members to determine what indicators and other information about the work environment are important to collect and report on a regular basis.**
- **Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.**

Responses from the Health Authorities

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Introduction

Our practice for risk audit reports has always been to include a response from the auditee as part of the report. Typically, we audit one organization, or a program or function within an organization, and as a result, our report will contain one response.

For some matters, however, we may examine an issue that crosses organizational boundaries and affects a number of organizations. In the past, where this has occurred, we have encouraged the organizations to pool their resources and provide one response that reflects their mutual position and views on our report. An example of this is our Protecting Drinking Water Sources, Report 5 – April, 1999.

This report, In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers, is intended to provide an assessment of the health system's work environment across British Columbia, rather than an assessment of each individual health authority. The health authorities each preferred that their particular views and comments be reflected. We accepted that position and, as a result, the following section contains six responses—one from each health authority, which vary in content and length.

Response from the Fraser Health Authority

fraserhealth

May 26, 2004

Mr. Wayne Strelioff, FCA
Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

Dear Mr. Strelioff:

As requested in recent correspondence from your Office, I am pleased to confirm that the Board of Fraser Health Authority has reviewed your report: *In Sickness and In Health: Healthy Workplaces for British Columbian's Health Care Workers* at its meeting held on May 25, 2004. The Board also reviewed Management's response to your Report, which was previously forwarded to your Office.

The Board and Management of Fraser Health understand and appreciate the complexity of healthy workplace issues. A key goal of our strategic plan, *"Towards Better Health, Best in Health Care,"* is people development and more specifically *"Healthy People, Healthy Workplaces."* Our Plan was developed by Management and approved by the Board of Directors in 2003. As a critical first step toward achieving our goal, Management has already commissioned a major survey to measure employee and physician engagement. This survey, your Report and other documents will be used to provide benchmarks against which progress toward our goal will be measured.

On behalf of my Board colleagues and Management, thank you for your Report and the opportunity to provide comment.

Sincerely,

Barry W. Forbes, Chair
Board of Directors

cc: Members of the Board
Robert Smith, President and Chief Executive Officer

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Corporate Office

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Response from the Fraser Health Authority

Fraser Health welcomes the opportunity to provide feedback on the Auditor General's report by summarizing some general and specific comments which can be augmented by our leaders who are available for more substantive consultation. Fraser Health (a significant employer with about 20,000 employees in communities from Delta to Burnaby to Hope), agrees with the draft report that leadership, commitment and evaluation are key strategic components of any effective workplace health program, and indeed key components of any effective organization. Having come into being approximately 18 months prior to this review by the Auditor General, Fraser Health is relatively new in terms of culture, organizational structure and policies. Literature demonstrates that effective workplace health programs take three to five years to show intended outcomes, and integral culture changes such as individual health choices, integrated health programs and workplace leadership can take much longer to establish (Relihan, K.A. "Role of Benchmarking Analysis in Measuring and Improving Workplace Safety." *Professional Safety Feb, 1997; 28-31). Young though Fraser Health may be, we would be remiss in not commending our managers and supervisors for their commitment to addressing workplace wellness, and their successes to date.*

The draft report focuses on some important gaps and opportunities facing health employers in managing workplace wellness issues. However, health employers and the public would benefit from the addition of important context and descriptions of actions taken to date. Reassurance that the audit sample is representative of health employees would be improved by providing further detail about the method, purposes and scope of the audit, including the number and nature of interviews and the types of staff interviewed. Context and scope could also be enhanced by including comparisons with other provinces, describing the state of workplace health in other jurisdictions and agencies, and providing a reference list of documents reviewed in preparing the draft report. Nonetheless, while the draft report has some methodological weaknesses, its findings and recommendations do validate the workplace health goals and objectives set out in Fraser Health's Strategic Plan: Towards Better Health, Best in Health Care. (Available online at http://www.fraserhealth.ca/About/StrategicDirection/Default.htm)

What follows is a description of accomplishments and planning within Fraser Health since the review was conducted:

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

- *Fraser Health's Strategic Plan identifies People Development as a key strategic theme and sets out Key Performance Indicators for our goals and objectives in Workplace Health.*
- *Our program,* Planning Performance: Recognizing Achievements, *being phased in over the next two years will support and evaluate managers' performance in supporting healthy work environments.*

Demonstrate in word and action that employee health and well-being are important to organizational success.

- *Our ergonomists, safety and security experts are involved in designing the new Abbotsford Hospital to ensure integration of workplace health and safety design factors.*
- *We protect, and communicate with our staff and physicians, for example training more than 6,000 staff in the safe use of protective equipment during last year's SARS situation in BC.*
- *We have adopted new safety syringes and intravenous catheter technology, a significant financial investment making Fraser Health the first health authority in Canada to embrace broad-scale standardized use of new needlestick prevention devices with engineered sharps protection.*
- *Joint union-management committee/WCB partnership provide staff access to 24/7 Critical Incident Stress Management services.*
- *We have enhanced EFAP by over $150,000 annually to ensure Fraser Health-wide availability of this crucial service.*

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions and incorporate the information into their health human resource plans.

- *Fraser Health partnered with OHSAH and VIHA to: develop the WHITE system, to link with existing payroll systems for effective integration and reporting; provide data to prioritize and focus interventions based on objective risk assessment; support effective allocation of targeted funds; support Workplace Health, JOSH Committees and management to target*

risks and evaluate effectiveness of controls; and identify areas and departments that are effective in reducing loss, and areas requiring improvement.

- *Fraser Health is about to conduct a pilot survey of approximately 2,000 staff in the first quarter of the 2004/05 fiscal year, measuring factors actionable at the work unit level and proven to be predictors of employee safety and retention. Learning from this pilot survey will be incorporated as the initiative is expanded throughout the organization in future years.*

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

- *Initiatives brought forward to Fraser Health executive for funding and approval must include cost/benefit analysis, both financial and non-financial (human resource issues.)*
- *Recently approved projects with a clear payback in workplace health include enhancement of EAP and the safety syringe contract previously mentioned.*

Ensure, in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

- *All OHSAH partnership projects require a contribution "in-kind" from health authorities, e.g. management, staffing and running the projects. The OHSAH-funded Prevention Early Active Return to Work Safely (PEARS) initiative was carried out by our staff.*
- *Over the past four years, Fraser Health (and its previous Regions) implemented and evaluated over $3,000,000 in externally funded projects, all managed and overseen by joint union-management steering committees as well as external agency staff.*
- *All project funding was directed towards evaluating, assessing and implementing interventions to improve worker health and safety (reducing injury and illness rates by over 20% in the targeted units).*

- *WCB premiums have decreased over the past two fiscal years and are projected to drop by 5% a year for each of the next two fiscal years.*

  2002/03 - $19,025,000
  2003/04 - $17,583,335
  2004/05 - $14,612,897

Ensure that their actions are consistent with communications to staff.

- *Key messages and communications tactics related to organizational priorities, including workplace wellness, are communicated in our* Infocus *newsletter, on the Intranet, by email, in displays, at staff forums, and CEO visits to Fraser Health sites and programs.*
- *Similar information is disseminated to key external stakeholders such as elected officials, and to the general public, often though effective media relations.*

Review the extent of managers' control and ensure it is not beyond a limit to be effective.

- *As Fraser Health achieves its budget targets, strategies will be implemented to re-invest resources into reducing the span of control of front-line managers and supervisors.*
- *Other strategic efforts include significant investment in developing leadership competencies and management techniques/ practices.*

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

- *High-risk groups and workplaces are targeted for individual and organizational risk reduction.*
- *We focus on enhanced individual knowledge and coping skills, improved resilience, decreased toxic exposures, improved job design and work practices, a supportive work environment, and work/life balance to build an emotionally healthy workplace.*
- *Our mental health case management strategy features integrated assessment and treatment. Future plans include the integration of our PEARS concept of onsite assessment and rehabilitation with proactive mental health/healthy workplace initiatives.*

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

- *Joint Occupational Health and Safety (JOSH) Committees are functioning at all Fraser Health locations as per regulatory requirements.*
- *Fraser Health and WCB are partnering to improve the functionality of two OSH Committees, at Delta and Peace Arch hospitals. The "Increase, Activate and Elevate" project will measure the effect of a highly visible, active and well educated joint health and safety committee on the workplace health and safety culture. Results will be used to improve the functionality of all our JOSH Committees, and distributed provincially.*
- *Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.*
- *A violence risk assessment of the Emergency Department and other high-risk areas is underway by site leadership at Surrey Memorial Hospital, to assess the links between ER overcrowding and effective process and work design with staff risks for aggression.*
- *Fraser Health, WCB, HEU, BCNU and HSA partnered in a full risk assessment of Langley Memorial Hospital for violence in the workplace, resulting in the development of a comprehensive method to evaluate and prioritize risks and interventions to minimize violence in the workplace. Similarly, risk assessments have been done for Community offices, Home Support and Residential Care in addition to acute care.*
- *An action plan to address risk and department specific training requirements has been drafted and is being piloted at four of our acute care sites.*

Implement a human resource information system that will provide the data needed for developing a comprehensive picture of employee and workplace health.

- *Fraser Health has partnered with OHSAH and VIHA to develop the WHITE system as referenced within the report.*

Ensure that all new initiatives include an evaluation component.

- *Fraser Health's ergonomic initiatives provide evaluations directly linked to patient care outcomes in residential and home support.*
- *The risk assessment at Langley Memorial Hospital mentioned above also resulted in the development of a comprehensive method to evaluate and prioritize ergonomic interventions, from both a cost/benefit perspective and a workplace health perspective.*

Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs, and resources are meeting employee and workplace needs.

- *Fraser Health's Strategic Plan contains a comprehensive set of Key Performance Indicators (KPIs) that includes indicators to monitor human resource planning, work environment and workplace health.*
- *Leading indicators include immunization rates, data collection rates, obtaining research and external funding, and reporting on occupational injury and illness rates.*
- *Fraser Health's Board measures our organizational performance rigorously against these indicators.*

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

- *Fraser Health is interested in participating in provincial discussions to establish standardized indicators for employee and workplace health and is willing to provide resources to help establish these standardized indicators, and develop effective communications strategies.*

Interior Health

May 31, 2004

Via E-mail:
msydor@bcauditor.com

Mr. Morris Sydor, Senior Principal
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

Dear Mr. Sydor:

This correspondence is to advise you that the Board of Directors of Interior Health have had the opportunity to review your report, In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers.

It is fair to say the Board shares the goal and concerns expressed for a safe and healthy workplace, and is confident the actions to date and plans for future initiatives will continue to ensure tangible, measurable progress towards the fulfillment of that goal. Also enclosed is a copy of Interior Health's response to your draft.

In closing, the Board would like to express its appreciation to your office for the additional time provided in order that the Board had the opportunity to review and understand the draft report.

Yours truly,

Patrick J. Doyle
Chief Human Resources Officer

PJD/ci
att.
c: Murray Ramsden
Carole Taylor

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Response from the Interior Health Authority

Interior Health appreciates the opportunity to provide feedback on the Auditor General's report in which the key areas examined were to what extent the Health Authorities were:

1. *Providing leadership in establishing and maintaining a healthy work environment;*
2. *Promoting a healthy work environment; and*
3. *Monitoring and reporting on the health of their employees and the work environment.*

It is recognized that this report represents a compilation of information gathered from the six Health Authorities across British Columbia and is therefore somewhat general in its findings. It is Interior Health's belief that we have made workplace health a priority focus both strategically and at the operational level to significantly impact the outcomes your recommendations are looking to achieve. Our specific comments regarding your recommendations can be found in Appendix 1.

Background

Interior Health was formed in December 12, 2001 and is comprised of several previously independent health organizations. (3 Regional Health Boards, 14 Community Health Councils and 3 Community Health Services Societies (plus 2 parts of Cariboo Community Health Service Society).

Interior Health operational structure was established by March 2002 and restructuring took place throughout 2002/03. An initial focus of the Human Resources Department and Workplace Health and Safety was to ensure that the appropriate resources and structure were in place to assist the organization, employees and family members in dealing with the trauma of change through such initiatives as universal application of an Employee and Family Assistance Program, Employee Communications, Managing Change and Transition Workshops and Outplacement Services. Interior Health faced many challenges which required a high priority focus and were committed to creating a healthy work environment as evidenced by Strategic Objective #6 and #7 as approved by the Board of Interior Health, May 21, 2003:

- *To systematically address the initiatives required to recruit, develop and retain adequate, professionally qualified staff who are dedicated to their profession, attracted to their working environment and motivated to excel in meeting patient/resident/client needs;*

- *To identify and monitor current and emerging risks and ensure systems are in place to effectively manage the broad range of risks associated with Authority operations including corporate, environmental, clinical and financial risks.*

The commitment towards a healthy work environment started with dedicated funding to Workplace Health and Safety (WHS) which represents 25% of the overall Human Resources budget. Over and above this commitment, Interior Health through partnerships has realized additional funding from Occupational Health and Safety Agency for Healthcare in British Columbia [OHSAH] ($661,331) and Workers' Compensation Board [WCB] ($994,580) for WHS initiatives to further enhance our work environment.

With direction and support from Senior Leadership to address high priority areas first, a WHS Needs Assessment was conducted in Spring 2002. A questionnaire followed by a site visit to each facility/site across Interior Health was used to identify risk priorities and formed the basis of planning appropriate interventions.

As one might expect from amalgamating 22 independent health organizations into one, the range of health and safety service available to staff varied from very little to well developed programs in some locations. The primary focus throughout 2002 was to ensure that all staff in Interior Health had access to health and safety expertise and to that end a corporate organization structure was put in place. By mid 2002, sufficient WHS Staff were in place and a two day strategy planning meeting was held to formulate the direction for the next two years. Much of this initial focus was on establishing a safe physical environment. In mid 2003, another strategic planning meeting was held to further revise the WHS Strategic Plan and identify priority areas of focus for years 2003-05. This plan has been further refined to incorporate the WHS strategies into the People Vision strategies and the linkage to the Organization of Choice initiatives. (Appendix 2 for WHS Workplan 2003/05 [Key Result Areas] is available at http://www.bcauditor.com/PUBS/year.htm).

The People Vision *document is centred around four key people practices upon which our strategies are focused:*

Workforce Planning – Objective

Interior Health will assess and respond to changing workforce needs to ensure appropriate resources that enhance people's abilities to engage

in meaningful work and contribute to business success on its journey to becoming an Organization of Choice.

Attraction and Retention – Objective

Interior Health will become an Organization of Choice thereby attracting and attaining a caliber and diversity of people necessary to set new standards of excellence in the delivery of health services in British Columbia.

Workplace Health and Safety – Objective

Interior Health will become an effective and healthy work organization where culture, climate, and practices promote employee health and safety on its journey to become an Organization of Choice.

Building Capacity – Objective

Interior Health will build a capacity and competencies of individuals, teams, functional groups and systems to meet the Strategic Directions of the Organization on its journey to become an Organization of Choice.

While each of these objectives stand on their own they each inform one another. No one strategy can be pursued exclusively to the detriment of the others, with the expectations of realizing our objectives.

Having brought consistency to the priority of addressing the physical environment issues at the various sites across Interior Health, the next priority was to address the psychosocial aspects and lifestyle issues of our work environment. A number of initiatives across Interior Health have been directed to this priority area. Several documents speak to this intention such as:

1. *Human Resources Strategic Plan 2003/04,*
2. *Organization of Choice Key Initiative 2004/05, and*
3. *Organization of Choice 2003 Survey Data*

The two documents "A Model for Developing Healthcare Leaders" *and* "A Model for Transformational Change" *describe the philosophy of Interior Health and the planning in this area as it relates to supporting our People Vision. These documents embody the tactical initiatives needed to carry out the key people practice of Building Capacity in Interior Health and are directly linked to the Corporate Strategic Objectives.*

Response from the Interior Health Authority

Interior Health is committed to creating a positive, healthy work environment. This commitment extending from the Senior Executive has been demonstrated through additional funding provided to Human Resources for the development and implementation of various programs such as Education Assistance Program, Management and Leadership Development/Training, Performance Management Program, and Executive Coaching and Mentoring Program. Speaking to Workplace Health and Safety specifically, Interior Health committed approximately $12 million to Overhead Lift Systems in Residential Care and approximately $300,000 annually to the Employee and Family Assistance Program as well as enhanced Workplace Health and Safety staffing to develop and implement Workplace Health and Safety initiatives to reduce illness/injury absences from work. In addition, Interior Health has established a Green Committee (See Appendix 3 is available at http://www.bcauditor.com/PUBS/year.htm) to identify efficiencies within our physical environment, related to energy conservation, ergonomics and healthy buildings. Dedicated funding was provided to establish ergonomic intervention in the planning phase of capital development with an Ergonomic Specialist devoted to working full time with the Planning and Project Management Team on all Capital and New Development Renovations. The focus of this individual is to obtain front line involvement in the Capital Planning Process and to balance those needs against the building design and operational requirements with the outcome being an improved work environment for both staff and patient care.

*Interior Health has also invested time and resources in external expertise such as Dr. Graham Lowe, PHD "*Healthy Workplace Strategies, Creating Change and Achieving Results.*" Dr Lowe, an acknowledged and respected researcher, author and consultant from the University of Alberta in workplace health was engaged to advise Interior Health in shaping its Organization of Choice priority. We continue to refine our planning in this area, putting priority where needed and implementation of appropriate strategies that will create a healthy workplace.*

*The Auditor General's report makes the statement that "*promoting a healthy work environment is limited by budget and focus.*" We must be cognizant that budget limits all that we do including patient care but that does not diminish our focus on creating and maintaining a healthy work environment. Yes, we are limited by budget, and yes, we are focusing on achieving a healthy work environment.*

*A critical lever to ensure the healthy work environment is that of leadership and management development. This sets the stage for transformational change and our ability to provide a positive work environment. Energy and resources have been identified and targeted towards providing these leaders with knowledge, understanding and skills necessary to realize this objective. For example, Executive Coaching, Mentorship Programs and Labour Relations School are all initiatives well underway. Interior Health will be releasing its overall plan for management and leadership development entitled "*Pathways to Leadership,*" this spring/summer.*

An important factor influencing the health of the work environment is the volatility of the labour climate. Looking back historically, there is evidence to suggest workplace injuries rise when there is uncertainty regarding collective bargaining outcomes. These uncertain times no doubt place increased stress on healthcare staff and management and contribute to increased workplace tension making it difficult to affect long term healthy workplace outcomes. All healthcare partners — government, health employers, healthcare unions and health authority boards, staff and management — must continue to strive for optimal solutions that respect the collective bargaining process and its influence on the delivery of excellent quality healthcare services.

Interior Health took the lead provincially in late 2001–02 in developing a Ceiling Lift Strategy which not only saw drastic reductions in staff injuries but equally contributed to improved patient outcomes. Appendix 4 – Cottonwoods Extended Care Cost Benefit Analysis Post Ceiling Lift Implementation January 2004 is available at http://www.bcauditor.com/PUBS/year.htm. This initiative utilized the model of staff participation at the Site Committee level, direct involvement in selecting a Vendor, direct involvement in developing site procedures and ultimately assisting in developing the training program. A Peer Leader Training Model was initiated and we have had sustainable success in reducing workplace injuries as a result of the commitment of all parties — staff, union, and management, guided by WHS Leaders. Anecdotally, staff are reporting less fatigue and less visits to their physician. This suggests a correlation to the improved working conditions. This initiative was wholly funded by Interior Health and our findings, program, strategy and training documents have since been provided not only to OHSAH and WCB to use as best practices and to distribute on their websites, but also to other healthcare organizations nationally. Interior

Health's leadership in this area has resulted in several opportunities for Workplace Health and Safety Staff to speak at conventions and workshops and consult to other healthcare organizations within their workplaces on this topic area. It is our hope that communication of our process model will have broad industry impact.

With regard to partnerships with other agencies, Interior Health is involved with OHSAH as our funding partner in establishing the Prevention Early Active Return to Work Safely (PEARS) Program. Interior Health identified and pursued this opportunity to determine the efficacy of such an intervention in a rural setting. Previously PEARS initiatives had been focused in large urban hospitals located in the lower mainland. The program has been operational in the Kootenay Boundary Health Service Area for almost a year and preliminary reports indicate a very positive effect for all staff utilizing the program. The program is presently being implemented in the Okanagan Health Service Area with Program staff hiring underway. While OHSAH contributes "seed" funding, the Health Authority contributes in-kind resources to take the lead, establish the program, operationalize and assume responsibility for the ongoing operation as determined.

Another partnership example with OHSAH relates to implementing a custom designed database system for tracking workplace health events. The system, designed by OHSAH at the request of the Health Authorities, is called Workplace Health Indicator Tracking and Evaluation (WHITE) and will provide tracking information which will monitor efficiencies and effectiveness of various WHS programs. This allows for trending analysis to be done and priorities to be set which are evidenced based. Interior Health had implemented a health and safety database in 2003 and we have been able to capture all work related injuries to provide information to Occupational Health and Safety Committees and management.

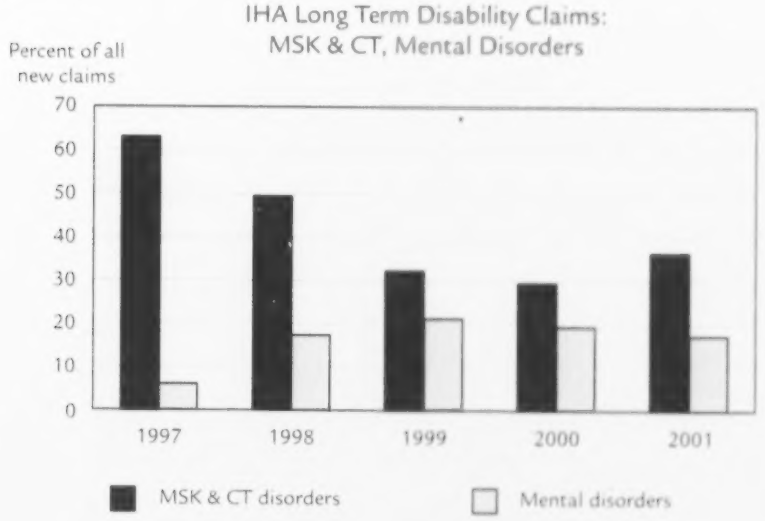
Interior Health has conducted trending of sick time absences beginning in 2002-03. Payroll systems in Interior Health have been integrated since March 2003. Early in 2004, Business Insight a decision support tool for managers was made available to assist them in managing employee attendance. This allows managers an opportunity to meet with any employee to discuss early intervention strategies associated with their particular absence. Interior Health is in the enviable position to measure and better manage attendance through this initiative.

As referenced earlier, Interior Health has committed significant resources to Workplace Health and Safety in the area of Case Management.

Additional Occupational Health Nurses have the responsibility to assist the employee to maintain regular attendance through a non-punitive approach. When a health issue is identified, the employee is encouraged to utilize the confidential health service provided through the Workplace Health and Safety Department. The Occupational Health Nurses are skilled in Disability Management Practices and over the past few years we have been able to return injured and ill employees to the workforce in a timely manner. These effective disability management practices have had a positive impact on the duration of WCB claims and associated costs. We are pleased with a number of successes in accommodating an injured worker through the Duty to Accommodate process back to productive employment. We continue to look for creative solutions to assisting these disabled employees.

As the statistics from Healthcare Benefit Trust (HBT) indicate, musculoskeletal injuries are on the decline in all Health Authorities however, Mental Health claims (See Figure 1 below) are on the rise. It should be noted that this decline is a direct result of addressing musculoskeletal injuries in Acute and Long Term Care in previously mentioned funding over the last number of years. Strategies are currently being formulated in Interior Health to mitigate the impact of this rise in Mental Health claims. The causes are multifactorial and require an integrated approach from Management/Leadership interventions as well as Workplace Health and Safety Programs and closer linkages with treating practitioners.

Figure 1



Interior Health has seen a significant reduction in workplace injuries due to targeting funds in Residential Care. An area of concern for us, however, was the increase in injuries to workers in the home care environment. A review of injury data and WCB Experience Rating Assessment (ERA) premiums (Appendix 4 is available at http://www.bcauditor.com/PUBS/year.htm) led to the decision to propose a No-Lift Funding Initiative with specific interventions in the Home care environment (Appendix 5 – Budget Funding Allocation is available at http://www.bcauditor.com/PUBS/year.htm). In 2003, based on a proposal submitted to WCB for such an initiative, Interior Health received $994,580. The process model chosen by Interior Health includes front line staff, union and management participation. WCB is particularly interested in the outcomes of this project and discussions are currently being held re: partnering to share best practices for injury reduction strategies across the healthcare industry in British Columbia and further.

Your report notes that between 1998 and 2002 WCB injury rates declined in healthcare. It is recognized that they are still higher than the average for all industries in British Columbia, but what is significant are the reasons why these rates have declined so drastically in the last two years. There has been significant funding from Health Authority budgets, the Ministry of Health Services and WCB to purchase capital equipment such as electric beds, mechanical floor lifts, and overhead ceiling lifts in many of the Residential Care facilities and Acute Care facilities across British Columbia. It should be noted that this has had a very positive effect on the workplace environment and the reduction of risks and injuries to healthcare workers. It should be noted that 50% of the WCB injuries in Acute and Long Term Care are musculoskeletal in nature. Within Interior Health we have been able to categorize these types of injuries much more specifically to allow for preventative intervention by staff at the unit level.

Closing

Interior Health is striving to be an Organization of Choice and as such includes the Planning of our Human Resource initiatives as integral to the operation of the Health Authority in meeting its Strategic Goals. This is evidenced by ongoing planning and reporting to the Senior Executive, the attainment of our goals. Interior Health Senior Leadership recognizes the value of a healthy and safe work environment in meeting Interior Health's Strategic Objectives where excellent patient care is provided and employees enjoy a satisfactory work environment.

In closing, based on our own knowledge of what constitutes a healthy work environment and our data collection from survey results, IH has taken a proactive approach in addressing these deficiencies in our organization. Given the massive restructuring within healthcare in British Columbia, strategies must be implemented in a thoughtful and deliberate manner to gain acceptance and add value. Changes to our organizational culture which are sustainable can only be achieved by building on a solid foundation of values and principles. This is the work currently underway in Interior Health.

We are committed to relentlessly pursuing and achieving the goal of a safe and healthy work environment.

Appendix 1: Interior Health – Response to Recommendations

Specifically, in response to your recommendations, we comment:

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

- *A Performance Management System is currently being implemented for senior and front line managers which includes work environment measures.*

Demonstrate in word and action that employee health and well-being are important to organizational success.

- *IH is demonstrating this by annually surveying all staff regarding their work environment through the Organization of Choice Survey.*
- *Several other programs reflect the value placed on employee health and well-being, e.g. Employee and Family Assistance Program, Influenza Immunization, Green Committee, PEARS Program, Employee Recognition Program, Education Assistance Program, Regional New Employee Orientation.*
- *Implement Respiratory Protection Program, including training of relevant staff and appropriate fit-testing of respirators*
- *In achieving a healthy work environment other initiatives include ergonomic involvement in Capital Planning Process, Duty to Accommodate disabled workers and Early Return to Work Programs after illness and injury.*

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions and incorporate the information into their health human resource plans.

- *While some indicators are measured, e.g. WCB injuries, LTD claims, this information is just now being incorporated into database systems which can be analyzed to determine specific interventions. Implementation of the Workplace Health Indicator Tracking and Evaluation (WHITE) System will allow for efficiencies and comparison across the Health Authorities which previously was impossible.*
- *The commitment to survey the Organization (Organization of Choice survey on an annual basis) and develop strategies based on the survey results*
- *Continual development of policies and programs within Human Resources and Workplace Health and Safety, specifically addressing Workplace Health needs*
- *Data from survey results is embedded in the Human Resources Strategic Plan and Workplace Health and Safety Strategic Plan through goals/objectives and actions required for improvement.*

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

- *Business Plans are formulated which includes costing information in any Human Resources and Workplace Health and Safety initiatives which have financial impact on IH. An evaluation is currently underway, partnering with OHSAH, to determine return on investment for overhead lift initiatives in residential care facilities in two of IH Health Service Areas (approximately 10 facilities).*

Ensure, in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

- *Business Plans are formulated for these initiatives with this in mind. A good example of this is the recent partnering between WCB, IH and Okanagan University College (OUC) to establish a training facility at*

OUC to reduce musculoskeletal injuries to new healthcare workers. IH curriculum material has been incorporated into the education program of the College to prepare nursing staff in the arena of safe patient handling. Once this Pilot Program is complete it will be promoted as a model across health education institutions in British Columbia.

- *Development and Implementation of Programs funded by WCB specifically addressing health and safety needs (e.g. reduction of musculoskeletal injuries in the home care environment – two year project with $994,000 allocated).*
- *The Return to Work Program funded by the Nursing Directorate of the Ministry of Health Planning has been targeted at Registered and Registered Psychiatric Nurses on WCB or Long Term Disability benefits. The criteria however for this program are very stringent and while the funding has been made possible, few candidates meet the criteria.*

Ensure that their actions are consistent with communications to staff.

- *There are regular communication newsletters circulated to all staff across IH. The Senior Executive Team has adopted an "open communication" practice to inform various stakeholders regarding relevant matters.*

Review the extent of managers' control and ensure it is not beyond a limit to be effective.

- *Managers span of control is a concern for IH. Recently hired, the Chief Nursing Officer has been traveling throughout IH meeting with staff and Nursing Managers to assess practice needs and issues. Several interventions are planned to enhance practice.*
- *Several Management and Leadership Development Programs are in place to assist Managers in developing necessary competencies and management practices.*

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

- *Assessing the work environment for risks to staffs' mental health and associated action plan are included in the 2004/05 Human Resources/Workplace Health and Safety Strategic Plans.*

Consider ways to promote a healthy lifestyle among their employees.

- *An early strategy in IH was to audit all vending machines to ensure that bottled water and juice were provided to encourage healthy choices.*

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

- *Joint Occupational Health and Safety Committees are functioning at all Interior Health locations as per regulatory requirements.*
- *Adequate training has been provided to OH&S Committees to apprise them of their responsibilities and most appointees take this role seriously. Training is provided annually and is coordinated through OHSAH.*

Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.

- *IH is undertaking this assessment of risk of violence on a facility priority basis and developing an action plan based on the findings. This assessment has been conducted by the OH&S Committees at the site with guidance from the Workplace Health and Safety Department.*

Implement a human resource information system that will provide the data needed for developing a comprehensive picture of employee and workplace health.

- *OHSAH has developed a data tracking system (WHITE) for monitoring employee and workplace health. This is ready for implementation in IH in May/June 2004. This availability of data will enhance our ability to determine priority areas and plan appropriate interventions.*

Ensure that all new initiatives include an evaluation component.

- *All new initiatives have an evaluation component, for example:*
  - *Overhead Lift initiatives in Acute and Residential Care have an evaluation component built into the Implementation Plan. Evaluation tools were incorporated in the Ceiling Lift Implementation Manual and accompanying education/training manual (shared with other Health Authorities, WCB and OHSAH).*

- *The recently implemented Regional New Employee Orientation Program across IH.*
- *Employee and Family Assistance Program.*

Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs, and resources are meeting employee and workplace needs.

- *IH is developing a Balanced Scorecard approach to monitoring indicators. This work is currently in progress.*
- *Information is presented regularly to Board members on attendance data.*
- *While we routinely measure the indicators you speak about, we have put them in the context of seeking support from the Board through initiatives that assist us in improving the indicators. For example:*
  - *January 27/03 Board meeting notes that the Organization of Choice was adopted by the Board as a priority. This lead to the development of one of the Strategic Objectives (#6) which has resulted in the People Vision going forward as the Human Resources Plan having linkages to the four key people practices identified in the elements for becoming an Organization of Choice (Workforce Planning, Attraction and Retention, Workplace Health and Safety, Building Capacity).*
  - *July 15/03 Board meeting notes reflected a grievance of workplace harassment at East Kootenay Regional Hospital. Action from this situation led to the development and implementation of the Workplace Environment Policy across Interior Health.*
  - *September 16/03 Board meeting notes reflect that the Auditor General's initiative was being carried out and remains on the agenda as business arising pending receipt of the final report.*
  - *November 17/03 Board meeting notes reflect the final version of the People Vision being adopted by the Board as the Human Resources Plan.*
  - *November 17/03 Board meeting notes reflect discussion around staffing issues at Invermere Hospital. These issues directly involved control over work, workload and the impact on patient care.*

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

- *Interior Health is interested in participating in discussions with other Health Authorities and the Ministry to establish standardized indicators for Employee and Workplace Health which could be reported publicly on a regular basis.*

northern health

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2004 May 27th

Mr. Morris Sydor
Senior Principal
Office of the Auditor General of BC
8 Bastion Square
Victoria, BC
V8V 1X4

Dear Mr. Sydor:

***Re: Response to the Auditor General's Report:* In Sickness and in Health: Healthy Workplaces for British Columbia's Healthcare Workers"**

Northern Health is pleased to respond to the Auditor General's Report "In Sickness & in Health: Healthy Workplaces for British Columbia's Health Care Workers."

NH supports the Auditor's overall findings that focusing on Workplace Health & Safety is critical to "ensure that the work environment supports health care workers in their efforts to provide the best patient care possible."

We also agree, in principle, with most of the key recommendations identified by the Auditor. We are; however, concerned about:

1. Key Concerns

a) *The balance of information and lack of sufficient context in relation to the findings. For example, although injury rates and WCB rates remain higher than acceptable, the rates have been going down industry-wide. The Board of NH and Executive have made a strong commitment to continue to improve results.*

Whereas we know that the WCB data indicates that the average rate of injury in acute care, community care and long term care is still high, it is improving. For example, NH realized a significant step-change in the most recent year just completed compared to previous years (See Attachment 1). NH's statistics for 2003 indicate

a 23% improvement in the number of lost time claims, a 57% improvement in the number of days lost due to injury and a full point improvement in the lost time injury frequency. These types of indicators do not happen by accident but rather are the result of good planning and effective intervention. We expect this trending to continue in the 2004/2005 based on NH's approved plan. The plan also focuses on mitigating risk.

It should also be noted that early in 2002 most of the sixteen former health organizations had minimal or no resources dedicated to OH&S services as many of the former organizations were small in size and had not been able to support any full-time resources to assist the organization in many aspects of OH&S. NH; therefore, developed an overall inclusive strategy, had to hire staff and sought partnerships with WBC, OHSAH, UNBC and HBT. Staff were not on board until the latter part of 2003 and early 2004.

b) *Lack of context of how BC WH&S figures relate to other provincial health care sectors.*

c) *A lack of defined criteria with linking measures or a set of known best practices as a result of benchmarking. The Auditor General's point in the last recommendation of the "My Recommendations" section on page 6 (i.e. "determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis."), stresses the need to have "context" established. This in itself is a critical initiative that should be undertaken with "Provincial Healthcare Leadership, with involvement from all the Health Authorities, including Northern Health."*

d) *The audit gives minimal recognition that the health authorities have been in existence for two years only. There has been tremendous growth and development in those two years, and capacity to deliver on basics and leading edge approaches is being built from a base that was next to non-existent.*

We do; however, agree that there is much room for improvement most of which Northern Health has identified in our improvement planning process. The WH&S team has an approved workplan and NH has the first Worksafe plan approved by WCB. The approval process had to satisfy WCB that the risks had been appropriately identified and plans to mitigate the risks identified and time sequenced.

e) The need to identify and develop standards of service with Ministry of Health and Health Authorities.

f) It would have assisted Northern Health to have been provided with a general understanding of the overall objectives and methodology regarding the review at the beginning of the review. In addition greater clarification would have been helpful regarding how costing estimates quoted in the report were derived.

g) The need to identify provincial roles and increased funding sources to Health Authorities to support data collection, evaluation and improvements in WH&S.

2. Errors, Omissions and Facts

The following section outlines NH's response to errors, omissions, facts and responses to Auditor Recommendations.

"Leadership in establishing and maintaining a health work environment is lagging"

Auditor Recommendations

#2 demonstrate in word and action that employee health and well-being are important to organizational success

#14 have senior management work with their Board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs

NH's Board and executive have provided leadership by including Workplace Health in its mission statement, goals and objectives and the 2003/04 and 2004/05 business plans. It also approved a full scope WH&S strategy which includes five components:

1. *Ability Management, Return to Work, case management*
2. *EFAP, leadership development, performance management and team building*
3. *Health Promotion and Disease Prevention including wellness initiatives, early detection health promotion*
4. *WH&S services—OH&S committees, industrial hygiene safety, ergonomics, equipment*

5. Data collection evaluation, reporting and continuous improvement

The NH has pulled resources over the past two years from other areas within NH to fund a WH&S program at the level of one million dollars to hire staff to work with departments and OH&S committees to develop data bases and regularly report to a Board Committee and the Board starting in 2004. With WH&S staff now in place, each HSDA management team is developing and approving workplans for their HSDA.

Auditor Recommendations

#1 NH agrees that WH&S be part of performance appraisal

It must be noted that it has taken NH two years to harmonize salary and salary administration for non-contract staff. NH is presently in the process of developing a performance management program for supervisory staff, which includes meeting WH&S deliverables as part of business plan objectives.

#3 Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.

#4 Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

#12 Implement a human resource information system that will provide the data needed for developing a comprehensive picture of employee and workplace health.

#13 Ensure that all new initiatives include an evaluation component.

NH has recently finished integrating 16 different human resource and payroll information systems. In addition, NH working jointly with OHSAH and UNBC to implement the "WHITE System" will allow all sites to gather employee (lead and lag) health and safety indicators. Once this is in place, NH will have the capacity to measure results and assist teams to evaluate their efforts and show continuous improvement. The first stage of data collection is to obtain baseline data.

However, even the basic cost of sick time was not readily available to us from all the health authorities for the 2002/03 fiscal year. We were unable to obtain this information from the Northern Health Authority without causing the Authority a significant amount of staff time to draw the information from sixteen different payroll systems which all collect data differently.

It was noted with the Auditor that NH had recently launched an integrated sick and overtime summary for all of Northern Health in the Fall of 2003. It was stated that data was available for previous periods but only through sixteen (16) separate payroll systems and that all collected the data differently. It was agreed by the Auditor that going through that data would not be required for the purpose of this audit.

Auditor Recommendations

#5 Ensure, that in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

NH is working with OHSAH, WCB, HBT and UNBC in their Musculoskeletal Injury Program and Aggressive Behaviour Management Program and creating baseline data and data collection. In addition, NH has been the first health authority to have an approved WCB "Work Safe Plan".

"The health care work environment is highly stressful"

It is important to note the Northern Health long ago realized that the healthcare work environment is highly stressful. NH has therefore implemented and is paying for a very well developed Employee Assistance Program that not only provides support for staff after the fact with stressed employees on a voluntary basis but also provides planned interventions with groups of employees to help them deal with change in management processes, incident debriefings and overall group counseling sessions. Our EFAP as it is known is also participating in Northern Health's activities in implementing positive steps in establishing a healthy workplace.

Auditor Recommendations

"Communication is lacking or hostile in some situations"

#6 Ensure that their actions are consistent with communications to staff.

Key messages and communications related to organizations practices including workplace wellness and improving interpersonal communications are supported through NH's newsletters, email, and staff leadership sessions.

Northern Health has developed a Respect in the Workplace Policy along with an implementation plan and timelines. This policy and associated training will begin to address the key components and concerns under this heading.

#7 Review the extent of managers' control and ensure it is not beyond a limit to be effective.

NH has started regular leadership sessions and has budgeted for 2004/2005 to implement a leadership development program.

#9 Consider ways to promote a healthy lifestyle among their employees.

This is part of NH's WH&S strategy; however, it requires resources and support from provincial initiatives. NH is already providing smoking cessation support, encouraging staff to initiate low or no cost wellness initiatives. NH provided a full EFAP program in 2003. Many of NH's former organizations had minimal or no EAP services.

#10 Ensure that their appointees to the Joint Occupational Health & Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

To ensure ongoing improvements are being made in Workplace Wellness, NH values the importance of employee participation through effective Joint Occupational Health and Safety Committees. A detailed training and development plan for all joint committees is in place and will be executed throughout 2004/2005. NH has worked with all its sites to provide training to all its OH&S committees to make them more effective and will report regularly to each management team.

MSIP (Musculoskeletal Injury Prevention Program)

It is important to note that the Northern Health had formulated strategies to implement an MSIP Program well in advance of funding made available through OHSAH's PEARS Program and WCB's Safe Patient Lift. Case in point, Pouce Coupe Lodge conducted risk assessments, installed overhead lifts and trained staff. Their lost time injury experience dropped from an average of 3 per month to 1 for the year. Having said that, NH is well on its way on seeking further enhancements as a result of implementation plans in partnership with the WCB and OHSAH agreements and funding.

NH also has a bipartite steering committee for MSIP and is working in partnership with OHSAH and WCB.

Auditor Recommendations

#11 Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.

ABPM (Aggressive Behaviour Prevention Management)

ABPM team has been put together and has developed a draft policy and standards for the NHA. A pilot implementation is underway at Queen Charlotte City Hospital. Training in the program has been completed for critical staff at the facility. A train-the-trainer program is being implemented to ensure consistent rollout throughout the Northern Health. Further risk assessments are in the process of completion and further staff training needs and necessary program adjustments will be identified.

"Long-term disability claims are showing an increase in mental health-related disabilities"

Auditor Recommendations

#8 Assess the work environment for risks to staff's mental health and develop an action plan to mitigate risks.

It's important to note that NH has no way of determining which claims are related to mental health due to the privacy information act. However, once the WHITE system is in place, NH will be measuring both "lead" and "lag" indicators to assist staff teams in mitigating risks. In addition, NH provides support to staff through the EFAP program and provides a proactive voluntary 'ability management' support program.

"Short-term sickness-related absences are costing the health authorities more than $80 million a year."

"Absence/Attendance management"

"The Northern Health Authority has contracted with a private provider to provide a disability and absence management program. In this case, the manager makes the initial contact with the employee, but after three days the private provider continues any further contact to offer supportive interventions as required."

Although the private provider provides support, Northern Health maintains full responsibility and accountability for communications and positive interventions with staff who are absent. The contractor is providing a service as "an extension to management as a means to this end." NH had no occupational therapy, physiotherapy or ergonometric services to assist staff to return to work except in one major location. The provider has case managers and supportive resources that can be deployed to identify and provide resources to assist staff in the elimination of barriers to allow an employee to come back to work. This is a voluntary service.

Northern Health recognizes the impact both in monetary terms and psychosocial impact on staff and the impact on productivity or (presenteeism). We have contracted a third party Ability Management Firm to assist NH in providing supportive interventions to minimize the number of days off staff need to take for short-term disability. Positive feedback is being generated via testimonials. In addition, more cost effective in-house alternatives are being developed by a joint union/management process.

"Awareness of the importance of a healthy work environment has increased among health authorities, but how to achieve it is still unclear."

Auditor Recommendations

#15 Determine in conjunction with Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

This should be done in conjunction with health authorities and take into consideration the building of organizational capacity to provide the information. Additional support from the province, including financial, provincial leadership, sharing of best practices and working with the health authorities to develop criteria based upon an evidence-based protocol would assist all health authorities, including NH.

Yours truly,

Evelyn Dean, VP Human Resources
on behalf of Northern Health Authority #300–299 Victoria Street
Prince George, BC V2M 5B8

Attachment 1

Injury Statistic Comparisons for Northern Health Prepared from Data from WCB & OHSAH

Lost Time Injuries Jan. 1997-Dec. 2002	Average Lost Time Injuries Per Year Jan. 1997-Dec. 2002	Lost Time Injuries Jan. 2003-Dec. 2003	
1,302	**260**	**201**	**23% improvement**
WCB LT Claims Cost Jan. 1997-Dec. 2002	Average WCB Claims Cost Per Year Jan. 1997-Dec. 2002	WCB LT Claims Cost Jan. 2003-Dec. 2003	
$8,138,800.64	**$1,627,760.13**	**$511,823.63**	
WCB Days Lost Jan. 1997-Dec. 2002	Average WCB Days Lost Per Year Jan. 1997-Dec. 2002	WCB Days Lost Jan. 2003-Dec. 2003	
61,082	**12,216**	**5,269**	**57% improvement**
WCB Lost Time Injury Frequency*** Jan. 1997-Dec. 2002	Average WCB Lost Injury Frequency*** Per Year Jan. 1997-Dec. 2002	WCB Lost Time Injury Frequency*** Jan. 2003-Dec. 2003	
4.4	**4.4**	**3.3**	1 full point improvement

*** $\frac{\text{\#of lost time injuries x 195,000 hours}}{\text{Actual number of hours worked}}$ = WCB lost time frequency

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Promoting wellness. Ensuring care.

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May 26, 2004

Mr. Morris Sydor, CA
Senior Principal
Office of the Auditor General of BC
8 Bastion Square
Victoria, BC
V8X 1X4

Dear Mr. Sydor:

Thank you for the opportunity to review the revisions to the report In sickness and in Health: Healthy Workplaces for British Coumbia's Health Care Workers. We appreciate the information you were able to include from the VCH perspective.

Attached is our formal response from our Board to be incorporated into your final published report. We would like to thank you for the opportunity to include this information as part of the publication.

Please don't hesitate to contact me if I can be of any further assistance.

Yours very truly,

Ida J. Goodreau
President & Chief Executive Officer
Vancouver Coastal Health

Promoting wellness. Ensuring care. Vancouver Coastal Health Authority

May, 2004

Vancouver Coastal Health (VCH) has reviewed the Auditor General's report and agrees that there is much work to be done to establish an organization that supports not only individual staff health, but is in and of itself, a healthy organization. We are pleased in the progress to date that has been made in decreasing the incidence of work related injury. This has been done through interest based problem solving and effective partnerships with our staff, our many health care unions, and other partners, such as the Worker's Compensation Board of B.C. (WCB), Occupational Health and Safety Agency for Healthcare in B.C. (OHSAH), and the Health Benefit Trust (HBT).

VCH has identified employee and workplace health and safety as a high priority area, and has dedicated resources to address those areas of highest risk based on incidents and injury rates. It supports and concurs with the Auditor General's recommendations and the recommendations are aligned with the VCH strategic plan and corporate goals. Indeed, much has been accomplished in relation to implementing many of the recommendations, both prior to and over the past year since the Auditor General began the review process. The following outlines the progress made to date, as well as plans for the future in Vancouver Coastal Health.

Recommendation: Ensure that the health of the work environment is included in the performance appraisal of all senior and front-line managers.

Response:

- *Revisions to the performance management system completed in the fall of 2003 include evaluation of all managers regarding their effectiveness in meeting workplace and employee safety and health standards.*

Recommendation: Demonstrate in word and action that employee health and well being are important to organizational success.

Response:

- *The VCH Board of Directors has taken a leadership role in signalling to the organization the importance it places on the health and safety of our patients and employees. The CEO of the organization has reinforced the safety imperative by ensuring all of the Senior Executive Team is accountable for safety outcomes in their areas of responsibility.*

- *VCH has been investing heavily in strategies to enhance employee safety over the past several years. Over the past 2 fiscal years, over $5.7 Million has been spent on the installation of safety equipment, such as ceiling lifts, in facilities throughout VCH.*
- *VCH agreed with the other health authorities to have the WCB Acute Care surplus, created as a result of overpayment of premiums by the health authorities, be used to fund additional safety equipment within health care. $1,500,000 has been allocated from the surplus to VCH over the next 2 years to purchase safety-related equipment and provide additional education for staff.*
- *As noted in the Auditor General's Report, the Safe and Healthy Workplace Initiative was commenced in 2003 with a Bipartite Steering Committee. When the initiative started, the average Musculoskeletal Injury (MSI) time loss injury rate was 10.5 per 100 FTE. As of the 3rd quarter of the current fiscal year, this rate has decreased to 6.7 per 100 FTE. The target to is to reduce this further to 5 per 100 FTE by March 31, 2005. As the report demonstrates, injuries due to over-exertion are the most significant reason for time loss and WCB claims. As this is the highest risk area – efforts will be continued to reduce these absences further. The reduction experienced to date is a result of intense efforts from managers, staff, and Joint OH&S Committee work, in addition to staff education programs and new equipment.*

Recommendation: Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.

Response:

- *Indicators currently measured on a financial period basis are MSI time loss injury, over time and sick time rates. These are available and reported to the Board, Senior Executive Team, Management groups and Joint OH&S Committees*
- *An incident tracking system for all employee incidents has been implemented. This provides a variety of reports that are distributed to stakeholders.*
- *VCH is a partner with OHSAH and UBC in a Canadian Institute of Health Research funded grant to develop a cohort of health care workers to track their health over time. All OHSAH related activities are*

bipartite in nature and have steering committees with union involvement, thus providing opportunity for unionized staff to provide input and direction for projects.

- *A variety of tools have been developed and are being trialed to assist in determining the climate in specific areas around health and safety as a pre- and post-test for interventions.*

Recommendation: Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

Response:

- *Partnership initiatives with agencies such as OHSAH, have an evaluation component that includes the direct costs from OHSAH and the direct and indirect costs from VCH. In all partnership agreements with OHSAH – VCH contributes in-kind a minimum of 50% of the total project costs.*

- *As a result of the cost/benefit analysis of the PEARS program, VCH has completely funded the original pilot program and expanded the PEARS program to other areas of VCH in partnership with OHSAH.*

Recommendation: Ensure, in conjunction with partner agencies, that all initiatives are well coordinated and maximize both the funds and effort being directed to creating a healthy work environment.

Response:

- *Partnerships with agencies such as OHSAH, WCB, and HBT are integrated fully within the overall Safe and Healthy Workplace strategic plan, which is co-ordinated by the Employee and Workplace Health and Safety department.*

- *With the recent creation of the 6 health authorities, there has been increased co-operation and sharing between all authorities in BC, permitting consistent approaches to the development and implementation of policies and programs that affect the health and safety of health care workers. This type of co-operation and sharing was not possible previously—and has moved health care ahead by initiating province-wide approaches to best practice.*

Recommendation: Ensure that their actions are consistent with communications to staff.

Response:

- *As the Auditor General points out, there has been incredible change in the system required as a result of the fiscal realities facing Health Authorities. These fiscal constraints, with the resulting activities to reduce overall system costs, such as contracting out and downsizing of services, has resulted in the impression that health of individual employees is not of concern to the leadership. In recognition of the personal impact many of these changes have and are having on employees, the VCH has provided for additional staff support through enhanced services from our Employee and Family Assistance Program, career counselling, career advancement opportunities, early retirement options, and other initiatives to help to mitigate the effect on impacted employees.*
- *The EFAP program will continue with sessions to support employees who require the service without concern for the number of sessions required.*
- *A comprehensive and VCH-wide approach to provision of Critical Incident Stress Debriefing has been developed with access to this service on a 24 x 7 basis.*

Recommendation: Review the extent of managers' control and ensure it is not beyond a limit to be effective.

Response:

- *As indicated in the Auditor General's report, VCH has undertaken an initiative to review managers' span of control and is continuing to discuss with those managers with the highest spans of control, actions that would be of assistance to them. The potential remedies are constrained due to the current fiscal realities facing VCH.*

Recommendation: Assess the work environment for risks to staff's mental health and develop an action plan to mitigate the risks.

Response:

- *A pilot project in partnership with Health Benefit Trust is underway to assist in determining how to support a psychologically healthy workplace. An action plan is to be completed by the end of June, 2004.*

Recommendation: Consider ways to promote a healthy lifestyle among their employees

Response:

- *A number of initiatives around health promotion (i.e. staff fitness centres on 2 sites, smoking cessation programs, weight management programs) are currently available to staff in some areas of VCH.*
- *Increased emphasis on supporting the health of employees is demonstrated by the creation of a Regional Coordinator for Employee Health Promotion. A strategic plan is under development for this initiative.*

Recommendation: Ensure that their appointees to the Joint Occupational Health and Safety committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

Response:

- *The WCB officers regularly review attendance records of Joint OH&S committees.*
- *There has been an increased emphasis by Senior Management regarding ensuring both management and union representatives attend the meetings.*
- *Strategies are in place to assist the Joint OH&S committees in completing their work and to make the results of their activities more widely known throughout the organization.*

Recommendation: Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.

Response:

- *VCH has undertaken risk assessments of all high-risk areas and action plans to mitigate the risks have been implemented. Medium risk areas are currently being assessed, with action plans to be completed by the end of the year.*
- *The Workers Compensation Board are closely monitoring all incidents related to violence in the workplace and are working closely with VCH to address identified issues.*

- *With the new incident tracking system in place, it is now easier to identify those areas that are reporting incidents related to violence, and to report those areas to Joint OH&S committees for follow up and recommendations for changes.*
- *Workplace Violence Prevention Advisors are now available to assist managers and staff in all areas of VCH.*

Recommendation: Implement a human resource information system that will provide the data needed for developing a comprehensive picture of employee and workplace health.

Response:

- *As noted in the report, VCH is in the process of implementing a single human resource information system. This enormous task, under-taken in collaboration with Providence Health Care and Provincial Health Services will be fully operationalized by Spring 2005.*
- *An incident tracking system has been initiated that tracks all incidents across VCH in one database. This provides an opportunity to further develop a comprehensive picture of all areas impacting employee and workplace health and safety.*

Recommendation: Ensure that all new initiatives include an evaluation component.

Response:

- *Evaluation is a current expectation of all initiatives in VCH. When new initiatives are undertaken, timelines and deliverables become part of the project charter that is developed.*

Recommendation: Have Senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.

Response:

- *Indicators that have been developed and are currently reported to the Board are the MSI Time Loss Injury Rates, the average sick time, and difficult-to-fill vacancies.*
- *Under development for the Board report is the average duration of WCB claims and the number of LTD claims per quarter.*

- *Additional indicators that would act as predictors of health and safety incidents are under development.*
- *The National Quality Institute Healthy Workplace Criteria is the framework under which the Safe and Healthy Workplace Initiative is being developed.*

Recommendation: In conjunction with the Ministry of Health Services, determine what indicators of employee and workplace health should be reported publicly on a regular basis.

Response:

- *The current Board indicators as identified above are reported publicly through the Web Site and at public Board meetings. The plan is to make other indicators available to the public as they are developed.*
- *VCH is pleased at the opportunity to develop province-wide indicators that can be consistently reported to the public. This will be facilitated when the other health authorities are able to report their injury rates using the proposed WHITE incident tracking system currently under development between OHSAH and the Fraser and Vancouver Island Health Authorities. The system in use by VCH has been developed using the same types of reports as the WHITE system is planning on developing.*

VANCOUVER ISLAND health authority

May 26, 2004

Mr. Wayne Strelioff
Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

Dear Mr. Strelioff:

Re: Vancouver Island Health Authority — Response to Report: In Sickness and In Health: Healthy Workplaces for British Columbia's Health Care Workers

The Vancouver Island Health Authority (VIHA) appreciates having the opportunity to provide feedback on the Auditor General's report. VIHA endorses the key findings and the recommendations contained within the revised report. We recognize and embrace the importance of having a comprehensive workplace health strategy that encompasses the attributes of a healthy workplace identified on page 17 of the report.

VIHA is committed to providing a safe and healthy work environment for its employees. VIHA has as one its goals to ***Improve the Health and Wellness of VIHA Residents,*** *and one of our core values is* ***Care, Compassion and Respect*** *for the well-being and dignity of all those we serve and work with. The VIHA Board has adopted a policy specifically focused on providing employees with a work environment that is free from injury and work-related illnesses. Human Resources has developed a Strategic Plan, and one of its goals (and associated key result areas) is aimed at* ***Providing a Healthy Work Environment.*** *We are pleased to report that our focused efforts have resulted in significant downward trends in Workers Compensation Board (WCB) injury rates. This past year, VIHA has experienced a 16% reduction in WCB injury rates attributable in part to focus on injury prevention and employee education.*

VIHA was the first Health Authority to be reviewed by the office of the Auditor General. A number of initiatives have been implemented over the past year since the Auditor General began the review process. The following outlines the progress made to date, as well as plans for future implementation.

Comments to the Recommendations

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

- *VIHA recently redesigned its non contract Performance Planning and Development Program. One of the key result areas and indicators by which managers will be measured relates to the health, safety and wellness of employees.*
- *The VIHA Leadership Training program includes a 360-degree evaluation that captures broader leadership skills and commitment that influence employee well-being.*
- *VIHA managers and employees are required to be compliant with WCB legislation. Presentations have been made to all levels of Management and to the Board of Directors to inform them of their obligations under law that flow from the WCB/OH&S regulations*
- *VIHA sponsored a workshop called 'Principles for Decision Making: Using Knowledge to Attract and Retain Competent Health Professionals to Provide Safe and Ethical Care,' April 2004. This was accomplished by bringing together researchers, VIHA decision makers, health care professionals and policy makers for 2 days, and was sponsored by the Regional Nurses Practice Council and the Professional Practice office.*

Demonstrate in word and action that employee health and well-being are important to organizational success.

- *Professional Practice councils and committees have been implemented VIHA-wide.*
- *VIHA's Board of Directors has adopted a policy statement that articulates VIHA's accountability and commitment to Employee Health & Safety. Further to the personal commitment, the Board is holding each manager responsible to "provide leadership in health & safety activities."*
- *A Human Resources Strategic Plan (Goals, Objectives & Indicators) has been developed to align with the Canadian College Health Services Accreditation (CCHSA). The plan is reviewed on an annual basis. One of the objectives is: Providing a Healthy Work Environment.*
- *VIHA is in the second year of a multi-year program that has a commitment from WCB of $2.2 million to implement a Musculoskeletal Injury Prevention (MSIP) program.*

- *VIHA has put in place a single, Authority-wide Employee Family Assistance (EFA) provider that includes a 7 day/24 hour Critical Incident Response Team.*
- *VIHA has implemented a comprehensive Leadership Development program to build capacity within our leaders.*
- *The Centre for Excellence in Learning offers a number of capacity building supports such as: teambuilding, coaching, group facilitation and education programs.*
- *VIHA has an authority-wide Conflict Management program with peer coaches to provide counselling/coaching support at the local level.*
- *VIHA has developed a Blood and Body Fluid (BBF) Program that has been recognized internationally as a best practice for the industry.*
- *VIHA has a dedicated Employee Wellness Coordinator to develop and implement a comprehensive Employee Wellness Program.*
- *A comprehensive Career Transition program has been put in place to support employees who have been displaced through health care redesign initiatives. Supports include: career transition workshops, career transition web site, and information job fairs conducted by experts from Employment Insurance, Human Resources Development Canada and local education institutions.*

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions, and incorporate the information into their health human resource plans.

- *VIHA, in collaboration with OHSAH, Fraser Health and WCB, developed a database that will be used province-wide to act as a Workplace Health and Incident Tracking system for monitoring and reporting out of employee wellness and health initiatives. The Workplace Health Incident Tracking and Evaluation (WHITE) system is now in trial at the Fraser Health Authority.*
- *One of the challenges we face is to gather data on leading indicators identified through organization climate and employee satisfaction surveys; health risk analysis; and aggregate extended benefit data analysis. It is our intention to collect and analyse this data in order to design an evidence-based workplace health plan. We will be seeking input from our employees on issues that affect their work life.*

- *VIHA is conducting gap analysis to gather baseline data in key risk exposure areas including: Blood and Body Fluid Exposure, Managing Aggressive Behaviour (MAB), Musculoskeletal Injury Prevention and Joint Occupational Health & Safety Committee effectiveness.*

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

- *VIHA has developed two levels of costing designed specifically to assist in understanding the return on investment for health and wellness initiatives. The first is corporate joint project business plans to track the impact and return on investment on major projects that have been developed in collaboration with agencies such as WCB and OHSAH. Two examples of projects that are currently being tracked are: Prevention and Early Return to Work Safely program and No-Lift program. The second is a tracking tool to be used at the individual level to track the return on investment for specific interventions made to assist employees post injury.*
- *We recognize the need and opportunity for a consolidated HRIS system to gather and interpret aggregate employee wellness data in order to develop a comprehensive employee heath and wellness program.*

Ensure, in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

- *VIHA insists that all major projects [e.g. No-Lift Program, MSIP initiatives, WHITE database, MAB training, Prevention Early Active Return to Work Safely (PEARS) and BBF implementation, including WCB "Worksafe" plans] are detailed to include timelines, milestones, budgets, measurable outcomes and personal assigned responsibility.*
- *All agency partnership agreements require a contribution "in-kind." Examples of projects that are currently underway include Prevention and Early Active Return to Work Safely in collaboration with OHSAH and the No-Lift Program in collaboration with WCB.*
- *An innovative partnership arrangement was established in 1999 with local service providers to offer on-site massage, acupressure and reflexology sessions to VIHA South Island staff.*

Ensure that their actions are consistent with communications to staff.

- *Key commitments from the Senior Management Team are monitored through a "Balanced Scorecard" that is reviewed bi-monthly by the Board of Directors. Examples of commitments that are monitored include:*
  a. *Reduction in overtime rates*
  b. *Reduction in WCB injury rates and duration*
  c. *Initiatives to reduce pressures related to non-nursing duties*
  d. *Difficult to fill positions.*

Review the extent of managers' control and ensure it is not beyond a limit to be effective.

- *The Professional Practice Office under the leadership of the Chief Nursing Officer is leading two initiatives aimed at supporting managers in the scope of their role. The two initiatives are: first line leadership project, and professional practice committee and council project.*
- *VIHA has added utilization coordinators (7 days @ 24 hours) at the Victoria General Hospital and Royal Jubilee acute care sites to assist managers in their role.*

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

- *This emerging trend has provided an opportunity to implement the following initiatives: an Authority-wide Employee Family Assistance program, Heartmath© initiative, Conflict Management program (with peer coaches), and redesigned performance appraisal process to act as a leading indicator for depression in the workplace.*
- *VIHA is currently in the development phase of establishing on-site fitness opportunities at facilities within the region.*
- *'Shifting to Wellness,' an education program for shift workers and their families is being made available throughout VIHA.*
- *A prohibitive smoking policy, anywhere on VIHA property, is being developed, integrating appropriate tobacco reduction supports (e.g. patches, smoking cessation programs).*

- *VIHA has contracted with a food service vendor who will be promoting and providing healthy lifestyle food choices.*
- *VIHA is currently developing a Psychological Demands Analysis Assessment tool to assist in responding to the growing trend towards depression in the workplace.*
- *Protection services is a key partner in any significant change initiative undertaken within VIHA.*

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

- *A gap analysis survey has been distributed to all members of every JOH&S committee to determine what is working well and what areas need to be improved upon to ensure each member is feeling the committees are functioning effectively.*

Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.

- *A detailed gap analysis has been conducted to identify to determine the level of risk within each patient care area so that the appropriate level of training is implemented in response to the risk identified. OH&S, in collaboration with Protection Services, has developed a multi level MAB education program. Every training session is evaluated immediately upon completion and is evaluated again 3 months post completion.*

Implement a human resource information system that will provide the data needed for developing a comprehensive picture of employee and workplace health

- *Currently VIHA has two separate information systems (recently consolidated from three systems). We recognize the need to consolidate onto one system and to have an integrated HRIS platform. As an interim step, VIHA is implementing the WHITE database system authority-wide.*

Ensure that all new initiatives include an evaluation component

- *VIHA is committed to being an evidence-based organization. All new initiatives being implemented must have an evaluation component. Recent examples include, the Leadership Development program, BBF program, MSIP initiative, and PEARS initiative.*
- *The organisation is currently in the process of evaluating the Practice Council Structure.*
- *Undergraduate employment program has been part of a formal/ research evaluation.*
- *Collaborative Learning Units are evaluated on an ongoing basis.*

Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs, and resources are meeting employee and workplace needs.

- *Twice a year VIHA provides a report to the Board that includes the following indicators of employee health: sick time, WCB injury rates, overtime rates, difficult to fill positions and leadership development. In addition to these indicators, we recognize the opportunity to report on 'leading' indicators (e.g. employee satisfaction, aggregate extended benefit utilization) of employee health and well-being on a regular basis. VIHA is currently developing strategies to include leading indicators into base line data.*
- *VIHA, in collaboration with the Ministry of Health, has developed a model for Human Resource planning to track and forecast trends in workforce demographics. A pilot project is currently underway in the Heart Health Program area.*

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

- *The implementation of the White Data Base system within most of the Authorities will provide an opportunity to report province-wide indicators on employee health. VIHA would recommend that consideration be given to each Authority adapting an indicator that aligns with subject related CCHSA standards e.g. – Providing a Healthy Work Environment (standard # 9).*

VIHA Inventory

Listed below are a number of the initiatives that have been implemented to support our goal of providing a Healthy Work Environment. The initiatives have been categorized by the three attributes of a healthy work environment: safe and healthy physical environment; healthy psychosocial environment for employees and individuals with healthy lifestyles.

Safe and Healthy Physical Environment

- *Due diligence training for the Board, Executive and management staff*
- *Baseline health assessments (Hepatitis B and TB surveillance)*
- *VIHA-wide Influenza Vaccination program*
- *Over-head lifts implemented on all high risk areas (no-lift project)*
- *Back Care program (STABLE) – biomechanics, lifting and transfers for direct patient care staff*
- *Education on Blood and Body Fluid program to reduce the number of sharp related injuries*
- *Managing aggressive behaviour training*
- *Policy to prohibit smoking on VIHA property*
- *On-site security*
- *Ergonomic workplace assessments*
- *Musculoskeletal injury prevention program (patient transfer)*
- *Infection control education (universal precautions)*
- *Workplace Inspection program and training*
- *Latex exposure program and training*
- *Workplace Hazardous Materials Information System (WHMIS) training*
- *Respiratory safety and fit-testing*
- *Safety component within New Employee Orientation*
- *Joint Occupational Health and Safety Committees*
- *First Aid service and training.*

Healthy Psychosocial Environment for Employees

- *Value and Recognition program (Long service and Celebration of Excellence)*
- *Leadership Development training (Leading in a Learning Organization)*
- *VIHA Scholarship program*
- *Organizational Development supports (change management, teambuilding, coaching, facilitation, communication training)*
- *Conflict Management program and website*
- *Employee and Family Assistance Program and Critical Incident Stress Debriefing*
- *Professional Practice Office Initiatives (Front line leadership; staff mix project, professional practice committees)*
- *Attendance Management Program*
- *Psychological Demands Analysis tool*
- *Prevention Early Return to Work program*
- *Disability Management*
- *Duty to Accommodate policy and program*
- *Recognition of staff's personal achievements published in VIHA's newsletter.*
- *Individuals with Healthy Lifestyles*
- *Heartmath Stress management education and supports*
- *Shifting to Wellness – supports (nutrition, exercise, circadian rhythms, etc.) for shift workers*
- *Smoking cessation program and supports*
- *Active living supports (on-site fitness; collaboration with local recreation centres)*
- *Acupressure, reflexology and massage on-site services*
- *Healthy food choices in cafeterias*
- *Publication of significant athletic achievements in VIHA newsletter.*

Should you have any questions pertaining to our response, please call me at your convenience.

Yours truly,

Jac Kreut
Board Chair
Vancouver Island Health Authority

PROVINCIAL
Health Services
AUTHORITY

Province-wide solutions.
Better health.

G. (Wynne) Powell, Chair
Lynda Cranston, President and CEO

May 27, 2004

Mr. Morris Sydor, C.A.
Senior Principal
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria, BC VBV IX4

Dear Mr. Sydor,

I am pleased to provide a response from the Board of Directors of the Provincial Health Services Authority to the report, In Sickness and In Health: Healthy Workplaces for British Columbia's Health Care Workers.

As you are aware, PHSA staff has provided considerable material in response to the earlier draft circulated among the Health Authorities. We were grateful for the opportunity to provide our input at that time. As a Board, we are pleased to endorse our management response and trust that you have found this material both useful and informative.

We have a great deal of pride in job done by the 10,000 British Columbians who are employed by the PHSA. The well-being and good health of our staff is a foundation that ensures our success in delivering high-quality health care and services across the province.

Rather than provide a duplicate summary of those initiatives currently underway and those in the planning stages at PHSA, I am pleased to highlight the main points outlined in our management response to the Office of the Auditor General.

- *The agencies that make up the PHSA have developed a range of workplace health and wellness programs and initiatives. Over the years, these have been refined to meet the individual needs of individual agencies. Numerous examples are provided in our management response. The PHSA is still a relatively young organization and, certainly in Canada, is a unique organization. We have made significant strides towards consolidating our disparate operations and, as part of this, our corporate human resources department will ensure workplace health and wellness initiative coordination across the agencies and will work to identify and fill in any gaps.*

700-1380 Burrard Street, Vancouver, British Columbia V6Z 2H3 Canada 604 675 7400 tel 604 708 2700 fax www.phsa.ca web

Response from the Provincial Health Services Authority

- *The PHSA has developed work life indicators which are being discussed at the Governance and HR Committee of the Board. Any issues identified through this process will be dealt with proactively and in a way that supports overall management and Board goals associated with a healthy workplace.*
- *The PHSA's inaugural Strategic Plan acknowledges the importance of our people in building, maintaining and enhancing organizational capacity as a key enabler to our long-term success. In particular, this would be built through innovative programs aimed at making the best possible use of limited professional resources and a continued investment in a healthy workplace through a variety of existing and planned initiatives.*
- *We recognize the increasing impact of mental health claims and factors in the workplace both on productivity and effectiveness. The PHSA is in the process of developing a plan to address mental depression in the workplace.*
- *The PHSA implemented an Employee Performance & Development Program (EPDP) In October 2003. The EPDP, among other things, emphasizes a healthy, safe and satisfying workplace.*
- *The PHSA agrees with and supports the 15 recommendations made in the draft report and we are committed to building upon our existing health and wellness structure in doing so.*

Again, on behalf of the Board of Directors of the PHSA, I wish to thank you for the opportunity to put forward our comments on the report.

Sincerely,

Wynne Powell
Chair
PHSA Board of Directors

PHSA Background:

- *The PHSA's mission is,* **To promote and deliver accessible quality health services for all British Columbians through an integrated health system.**
- *The PHSA:*
  - *Ensures the delivery of quality specialty and province-wide services.*
  - *Sets directions and developing province-wide standards.*
  - *Allocates resources to support optimal health outcomes.*
  - *Measures, monitors, and reports on performance.*
  - *Fosters the creation of knowledge and innovation through research and learning.*
- *The PHSA is the first organization of its kind in Canada.*
- *The PHSA differs significantly from regional health authorities in that it operates health care programs and agencies that provide province-wide services. PHSA agencies include: the BC Women's Hospital and Health Centre, the BC Children's Hospital and Sunny Hill Health Centre for Children, the BC Transplant Society, the BC Cancer Agency, the BC Provincial Renal Agency, the BC Centre for Disease Control and Riverview Hospital and the Forensic Psychiatric Services Commission. The PHSA is also responsible for specialized provincial health services like cardiac, trauma and chest surgery, which are delivered in a number of locations across the province.*
- *More than 10,000 people work for the PHSA, which has an annual budget of more than $1.2 billion.*
- *Like the geographically-based health authorities, the PHSA has a relatively short history as an organization. While many of its component parts, such as the BC Children's Hospital, for example, have existed for many years, the PHSA was created to administer province-wide facilities and services.*
- *The authority's first strategic plan acknowledges the need to enhance organizational cohesiveness in all areas, including workplace health, safety and wellness. As the Auditor General's report notes, many of our current initiatives are centred at the agency level. The strategic plan addresses the need to take a broader, organizational approach.*

PHSA Response – Overall:

- *The PHSA welcomes the opportunity to provide feedback on the Auditor General's report.*
- *We would also be pleased to augment this summary of our response to the report with comments from our organizational leaders through further consultation as needed.*
- *The PHSA supports the report's overall findings which note that workplace-health and safety is important to "ensure that the work environment supports health care workers in their efforts to provide the best patient care possible."*
- *The PHSA agrees with the 15 recommendations laid out in the report and is pleased to present information that illustrates how we are currently addressing these and how we intend to enhance our efforts in future.*
- *The recommendations support the strategies related to employee wellness and workplace health laid out in the PHSA's initial, recently-completed strategic plan.*
- *The PHSA – primarily at the agency level – has a* ***significant*** *inventory of programs and initiatives underway to address workplace health and safety issues to increase the support we already provide to health care workers.*
- *The report acknowledges the PHSA's unique structure by noting that most of our employee health and wellness initiatives are centred at the (pre-PHSA) agencies where the vast majority of our employees work. This approach enables us to better meet the specific needs of specialized agencies. For example, there are wellness programs such as fitness classes available through PHSA agencies such as: BC Children's Hospital and BC Women's Hospital and Health Centre, the BC Cancer Agency, BC Centre for Disease Control, BC Transplant Society and Riverview Hospital and an Employee and Family Assistance Program (EFAP) available to all 10,000 PHSA employees.*
- *Through our first strategic plan, we have identified our "commitment to a healthy and productive work environment" as a key enabling strategy.*
- *The Governance and Human Resources Committee of the PHSA board has approved the creation of a comprehensive report to facilitate the tracking and reporting of human resource indicators that will*

enable the organization to better guide its management, workforce and HR strategies.

- *The indicators are designed to be simple and understandable, easy to collect and comparable.*
- *The major indicators are:*
  - *Workforce demographics*
  - *Workforce activity – vacancies, retirements, difficult positions to fill, etc.*
  - *Worklife – sick leave, hours of work, WCB information, etc.*
  - *Labour relations*

PHSA Response* - Specific Recommendations:

*Please see also PHSA inventory of existing health/safety initiatives in the next section.

1) **Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.**

   - *The PHSA implemented an Employee Performance & Development Program (EPDP) in October 2003 that, among other things, emphasizes a healthy, safe and satisfying workplace.*
   - *The first criteria identified in the EPDP evaluation is: "Demonstrates a positive attitude towards the PHSA/Agency and their Vision, Mission, and Values. Works ethically. Complies with the regulations and standards relating to Occupational Health and Safety. Follows and promotes PHSA/Agency policies and procedures."*
   - *Role in wellness has been specifically identified in the competencies for senior leaders.*

2) **Demonstrate in word and action that employee health and well-being are important to organizational success.**

   - *Both the PHSA board of directors and executive recognize and support health and safety efforts and acknowledge the key role of staff and managers in maintaining and enhancing workplace initiatives.*

- *For example, the board chair recently wrote the Employee Wellness & Safety staff to offer congratulations to all staff for efforts leading to a decline in the number of WCB disability claims and days lost due to workplace injuries.*
- *At both agency and corporate levels, internal print and electronic communications (e.g. CEO Update, BC Cancer Agency Link, C&W Teamworks) help advise staff of worksite health, safety and wellness initiatives designed to improve their workplace experience and prevent injury.*
- *The PHSA HR department implemented a Career Transition Program to assist the 500 employees affected by change initiatives during the past fiscal year.*

- *As noted earlier, the PHSA's first strategic plan specifically identifies "Building Organizational Capacity" as a key enabler to our long-term success. Within this enabler, several relevant priorities are identified:*
  - *Identify professional development pathways to assist our staff in growing their careers within the PHSA.*
  - *Develop, in collaboration with the other health authorities and partners across BC, a comprehensive management/leadership development strategy, to ensure our organization is sustainable in the long term.*
  - *Leverage technology to expand access to education through web-enabled e-learning programs and on-line access to library databases.*
  - *Engage in recruitment and retention strategies aimed at investing in people.*
- *Further, the plan states:*
  - *"Our investment in people must encompass health and wellness programs. We will further emphasize our commitment to maintaining a healthy and productive work environment through our support of the numerous change initiatives that will occur."*
  - *"Our change management approach will be designed to develop organizational capacity to manage and integrate change into our programs and practice. It will focus on ensuring leaders and*

managers have access to the resources they require to be effective. Change management will be incorporated into leadership and management competencies and succession planning. Stakeholders and employees will have opportunities to be meaningfully involved in organizational change while developing individual ability to understand and adapt to change."

3) Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions and incorporate the information into their health human resource plans.

- *The PHSA currently collects and collates statistics and other indicators of workplace health and safety on a monthly basis at the agency level. This material is forwarded to and reviewed by agency Joint Occupational Health and Safety committees and agency management groups. This information is then presented to the PHSA executive and board of directors.*
- *Incident tracking systems is being perused to ensure consistent data collection on a corporate level. The WHITE (Workplace Health Incident Tracking) system is slated to be implemented (in partnership with OHSAH) in 2004 for all PHSA member agency Employee Wellness and Safety Departments.*
- *This system allows for improved integration and reporting of incidents and provides help in prioritizing and focusing interventions based on objective risk assessment. It also supports the effective allocation of targeted workplace health funds, enables Joint Occupational Health and Safety committees and management to better target risks and evaluate effectiveness of controls, as well as identify areas doing well or requiring improvement.*
- *As part of the HR department's strategic plan, several change initiatives are identified for implementation over the coming three years. These include the intention to conduct an employee climate survey and the development of initiatives to promote employee engagement.*

4) **Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.**

- *WCB statistics are compiled and reviewed (see Appendix 1) to help the authority recognize and act upon opportunities to reduce costs associated with workplace injuries.*
- *Specific initiatives, such as the WCB "No Lift" program, provide ongoing evaluation and cost saving data.*
- *All employee health and wellness proposed initiatives are reviewed on a cost/benefit basis as part of a comprehensive analysis that includes both financial and non-financial considerations.*

5) **Ensure, in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.**

- *Steering committees are developed within agencies to apprise staff and departments of project progress and updates. Partner agencies are encouraged to participate (e.g. WCB "No Lift" project) as part of these steering committees.*
- *See also the program/initiative inventory in the next section for highlights of activities carried out in partnership with other agencies.*

6) **Ensure that their actions are consistent with communications to staff.**

- *As part of the HR department's strategic plan, several change initiatives are identified for implementation over the coming three years. These include the intention to implement tactics that promote and encourage employee engagement.*
- *A corporate-wide, consistent Employee and Family Assistance Program (EFAP) was adopted this year.*
- *As noted earlier, the Employee Performance and Development Program was implemented in October 2003.*

- *Key messages and communications tactics related to organizational priorities, including workplace wellness, are outlined in staff in internal print and electronic communications vehicles.*
- *This is complemented by a series of presentations/meetings scheduled for spring 2004 that will see the CEO deliver strategic plan information directly to staff across the PHSA.*
- *Key external stakeholders, ranging from the general public to local and provincial community leaders, receive information about all organizational initiatives through targeted communications and more broadly-based publications, our web site and media relations.*

7) Review the extent of managers' control and ensure it is not beyond a limit to be effective.

- *The EPDP offers managers an opportunity to discuss and review these matters.*
- *As part of the HR department's strategic plan, the area has identified the development of an improved organization-wide leadership/ management education initiative that includes program development, internal/external workshops, mentoring opportunities and outside institutional education opportunities.*
- *The organization is committed to moving ahead with the implementation of a consistent safety training program for managers in most PHSA agencies this year. The training will include Accident Investigation, Workplace Inspection, Due Diligence, Disability Management, MSI prevention, Violence and Workplace Health.*
- *As noted in other sections, other strategic efforts include ongoing investments in developing leadership competencies and management techniques/practices.*

8) Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

- *Risk assessments at PHSA agencies have been completed and complied with.*
- *Please see also specific inventory of programs/initiatives in the next section.*

9) **Consider ways to promote a healthy lifestyle among their employees.**

- *As outlined in the next section, PHSA agencies are currently running a variety of health and wellness programs including Yoga, Pilates, Tai Chi, Weight Watchers, running clubs, smoking cessation, exercise programs and fitness facility access, etc.*
- *Please see inventory of specific programs and initiatives in the next section.*

10) **Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.**

- *Dependent upon site, Joint Occupational Health and Safety Committees at all PHSA agency sites meet monthly in accordance with relevant regulations. The committees engage in project work, workplace inspections, statistic review, incident investigation & training and education.*

11) **Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.**

- *Risk assessment and control recommendations are in place at appropriate agencies.*
- *Agency-based employee wellness and safety areas are working to develop greater consistency in programs and training across the agencies. Initial start up is anticipated in spring/summer 2004.*
- *Please note specific initiatives/programs outlined in the next section.*

12) **Implement a human resource information system that will provide the data needed for developing a comprehensive picture of employee and workplace health.**

- *PeopleSoft is currently being used at most PHSA agencies with an occupational health and safety area to enter and track data and to submit WCB claims information online. As the WHITE system is implemented, it will either replace PeopleSoft as an*

OHS information system or functionality to communicate with PeopleSoft will be maintained.

13) Ensure that all new initiatives include an evaluation component.

- *Evaluation is currently conducted primarily at the agency level. This allows for a more accurate and targeted appraisal of specific initiatives.*
- *As programs/initiatives are coordinated and consistency improved across agencies, standardized evaluation components can more easily be included.*

14) Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs, and resources are meeting employee and workplace needs.

- *The Governance and Human Resources Committee of the PHSA board has approved the creation of a comprehensive report to facilitate the tracking and reporting of human resource indicators that will enable the organization to better guide its management, workforce and HR strategies.*
  - *The indicators are designed to be simple and understandable, easy to collect and comparable.*
  - *The major indicators are:*
    - *Workforce demographics*
    - *Workforce activity – vacancies, retirements, difficult positions to fill, etc.*
    - *Worklife – sick leave, hours of work, WCB information, etc.*
    - *Labour relations*
- *As noted earlier in section 5, the PHSA's first strategic plan specifically identifies "Building Organizational Capacity" as a key enabler to our long-term success. Within this enabler, several relevant priorities are identified and are listed in that section.*
- *Identifying this measure as a strategic priority means it was reviewed and endorsed by both the organizational executive and board.*

15) Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

- *The PHSA will participate in any provincially-led and/or health authority joint discussions to establish standardized indicators for employee and workplace health.*
- *The authority will provide suitable resources and information to assist in the development of standardized indicators and the communication of these.*

PHSA Inventory - Current Employee Health and Wellness Programs/Initiatives:

Corporate

- *Within our first strategic plan, the PHSA has identified the need to enhance existing programs and to further coordinate our overall approach to employee health and wellness.*
- *The PHSA has introduced a performance review and development program (for non-contract staff) that encourages collaborative processes to identify workplace development opportunities and barriers.*
- *An Employee and Family Assistance Plan (EFAP) plus additional extended health benefits provide coverage for family medical and related needs.*
- *A corporate-wide flu shot program has been implemented.*
- *PHSA staff are expected to guide their conduct according to an organizational code of conduct.*
- *Role in wellness has been identified in competencies for senior leaders.*

BC Children's Hospital and Sunny Hill Health Centre for Children and BC Women's Hospital and Health Centre

Safety

- *WCB No-Lift Project related to patient transfer.*
- *WCB requirements for workplace health and safety training for supervisors and managers*
- *Improved occupational health and safety program with emphasis on increased site-wide awareness.*
- *Workplace inspection program and training.*

- *Joint management/employee Occupational Health and Safety Committee.*
- *Tracking system to streamline process for communicable disease exposure (e.g. chicken pox).*
- *Safety assessments and orientation.*
- *Incident/hazard reporting.*
- *First aid service/training.*

Staff Health Education and Training

- *General education for all staff related to musculoskeletal injuries, computer comfort/workstation inspections, etc.*
- *Employee wellness and safety intranet site.*
- *Flu shots.*
- *Medical assessments.*
- *Blood and bodily fluid protocol program.*
- *Latex exposure management.*
- *Safety component within new employee orientation program.*
- *General health education.*
- *Workplace Hazardous Materials Information System (WHIMS).*

Ergonomics

- *Computer comfort program – work station set-up and individual work station assessments.*
- *Musculoskeletal Injury Prevention Program (patient transfer).*

Disability Management

- *Return to work and long term disability case management, plans and trials for injured staff.*
- *WCB protocols – reporting and claims management.*
- *Incident tracking.*

Wellness

- *Variety of noon/after-work fitness/wellness programs available. (Such as yoga, Pilates, Weight Watchers, Tai Chi, smoking cessation, running, etc.)*
- *EFAP.*

BC Cancer Agency, BC Centre for Disease Control, BC Transplant Society, BC Provincial Renal Agency

Safety

- *Injury tracking and prevention initiatives, accident investigation and statistical analysis.*
- *Workplace inspection program and training.*
- *Joint management/employee Occupational Health and Safety Committee.*
- *Respirator safety and fit testing.*
- *Contractor safety program*
- *Safety assessments and orientation.*
- *Incident/hazard reporting.*
- *First aid service/training.*

Staff Health Education and Training

- *Baseline health assessments (Hepatitis B and TB surveillance).*
- *Flu shots.*
- *Medical assessments.*
- *Blood and bodily fluid protocol program.*
- *Latex exposure management.*
- *Safety component within new employee orientation program.*
- *General health education.*
- *Workplace Hazardous Materials Information System (WHIMS).*

Ergonomics

- *Computer Care Program – work station set-up and individual work station assessments.*
- *Consultation for new equipment, renovations and news buildings.*
- *Back care program (biomechanics, lifting and transfers) for direct patient care staff.*
- *Musculoskeletal Injury Prevention Program (patient transfer).*

Disability Management

- *Return to work and long term disability case management, plans and trials for injured staff.*
- *WCB protocols – reporting and claims management.*
- *Incident tracking.*

Wellness

- *Variety of noon/after-work fitness/wellness programs available. (Such as yoga, Pilates, Weight Watchers, Tai Chi, smoking cessation, running, etc.)*
- *Onsite gym access at BCCDC. Fitness facility access through affiliation with Vancouver General Hospital Wellness Group Fitness Centre.*
- *EFAP.*

Riverview/Forensic Psychiatric Services

Safety

- *Injury tracking and prevention initiatives, accident investigation and statistical analysis.*
- *Main emphasis on prevention of injuries related to patient transfer and patent aggression.*
- *Risk assessment and control recommendations in place.*
- *Joint management/employee Occupational Health and Safety Committee.*
- *Staff Assault Management Program.*
- *Musculoskeletal Injury Prevention Program.*
- *First aid service/training.*

Staff Health Education and Training

- *Two-day non-violent crisis intervention training.*
- *Four-hour Musculoskeletal Injury Prevention Program (patient transfer).*
- *Two-hour fire safety courses.*

- *Workplace Hazardous Materials Information System (WHIMS).*
- *Three-hour Conducting Accident Investigations course.*
- *Safety component within new employee orientation program.*

Disability Management

- *Return to work and long term disability case management plans and trials for injured staff.*
- *WCB protocols – reporting and claims management.*
- *Government Joint Rehabilitation Committee.*

Wellness

- *Variety of noon/after-work fitness/wellness programs available.*
- *Flu and Hepatitis B vaccinations.*
- *EFAP.*

PHSA – Appendix 1/WCB Statistics

Employer Name	Employer #	Year	Count of disability claims accepted in year	Disability, fatal benefits charged in year	Days Lost in the year
BC Mental Health Society	382634	2001	145	$597,787	4,988
		2002	132	$455,442	4,469
		2003	118	$629,528	4,707
		Total	395	$1,682,758	14,164
BC Transplant Society	419077	2002	1	$359	2
		Total	1	$359	2
BC Children's & Women's Health Centre	594180	2001	183	$1,003,101	9,627
		2002	136	$1,137,860	9,712
		2003	127	$161,053	3,323
		Total	446	$2,302,014	22,662
BC Centre for Disease Control	594226	2001	1	$3,120	38
		2002	6	$9,941	94
		2003	5	$3,344	29
		Total	12	$16,405	161
BC Cancer Agency	675208	2001	39	$254,964	1,880
		2002	24	$71,096	699
		2003	22	$313,121	1,314
		Total	85	$639,181	3,893

Appendices

Appendix A: Notable Events in Health System Restructuring in British Columbia, since 1992

The health system has undergone significant changes over the last 13 years. These have affected organizational structures, relationships and care delivery.

Pre-1992 Individual hospitals and boards accountable to the Ministry of Health. Public health, mental health and continuing care are the responsibility of the ministry.

1992–1996 Creation of 20 Regional Health Boards and 82 Community Health Councils. Only in one area did the process advance to the point of the Boards and Councils assuming the responsibility for the health services within their jurisdictions. Services remained much the same as in pre-1992.

1997 The system was reorganized into 11 Regional Health Boards, 34 Community Health Councils and 7 Community Health Services Societies. The boards, councils and societies were each responsible for the delivery of different levels of health care services. The Regional Health Boards were responsible for acute care hospitals, continuing care facilities, and community health programs (public health, community home care nursing, community rehabilitation, case management, health services for community living, and adult mental health). Community Health Council responsibilities were focused on acute care hospitals, continuing care facilities and home support agencies. The Community Health Services Societies were responsible for providing community health programs (public health, community home care nursing, community rehabilitation, case management, health services for community living, and adult mental health) to a number of communities in a geographic area.

2001 The system was reorganized into five geographically defined authorities and a sixth, the Provincial Health Services Authority. Each of the five geographically defined authorities is responsible for all acute care, continuing care and community health programs. The five authorities also are further structured by health service delivery area.

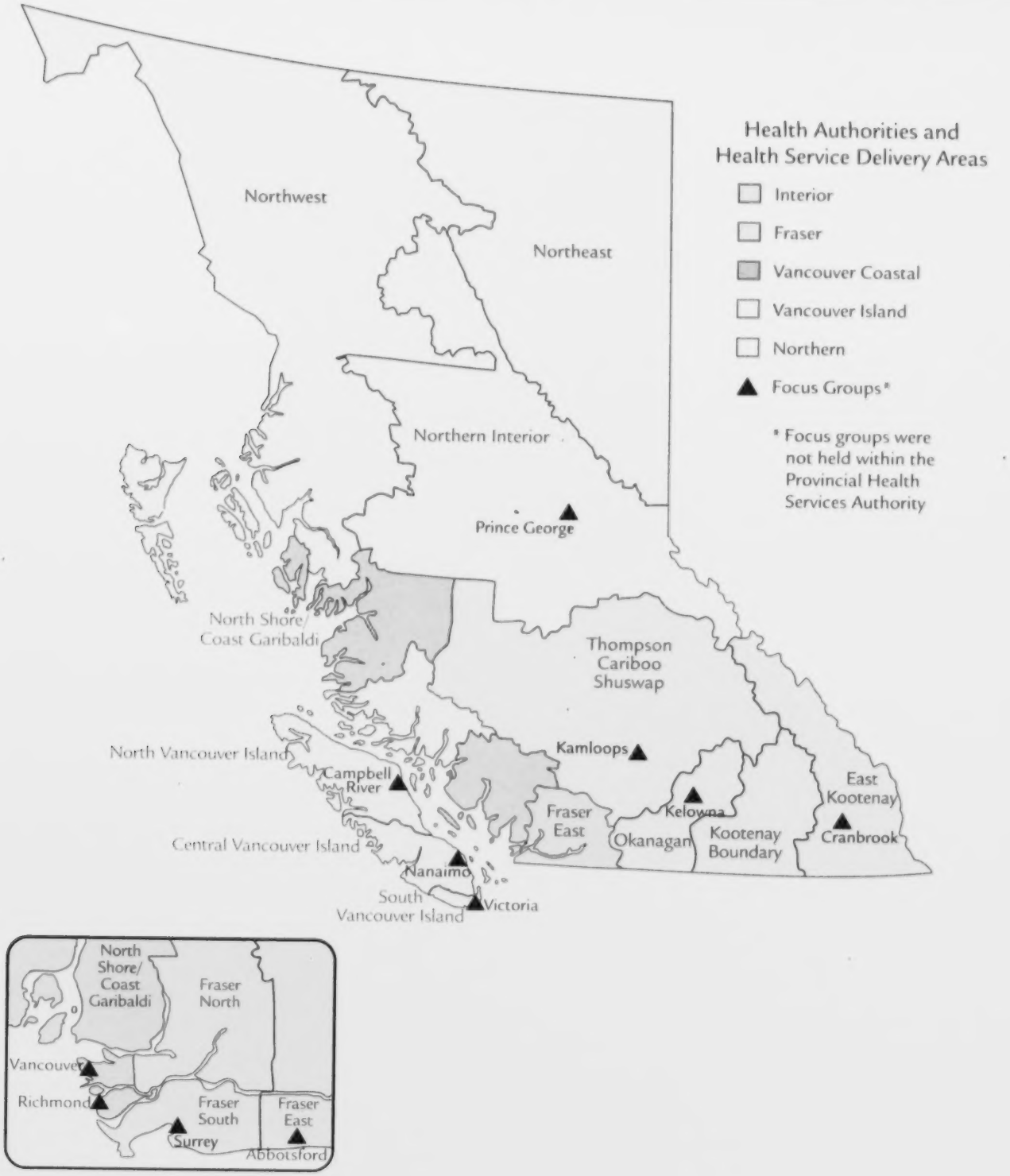
- Northern Health Authority: Northwest, Northeast and Northern Interior.
- Interior Health Authority: Thompson/Cariboo, Okanagan, Kootenay/Boundary and East Kootenay.

- Vancouver Coastal Health Authority: North Shore, Coast Garabaldi, Vancouver and Richmond.
- Vancouver Island Health Authority: North Vancouver Island, Central Vancouver Island and South Vancouver Island.
- Fraser Health Authority: Fraser North, Fraser South and Fraser East.

The Provincial Health Services Authority is responsible for specialized provincial health services, such as cardiac surgery, which is delivered in a number of locations within the regional health authorities. As well, the provincial authority operates the following provincial agencies:

- BC Cancer Agency
- BC Provincial Renal Agency
- BC Centre for Disease Control
- BC Transplant Society
- Forensic Psychiatric Commission
- Riverview Hospital
- BC Children's Hospital and Sunny Hill Health Centre for Children
- BC Women's Hospital and Health Centre

Appendix B: Focus Group Locations



Source: Compiled by the Office of the Auditor General, map provided by BC Stats

Appendix C: National Quality Institute's Canadian Healthy Workplace Criteria

The Canadian Healthy Workplace Criteria cover four "drivers" essential to developing and sustaining a healthy workplace. These include: Leadership, Planning, People Focus, and Process Management. A fifth section entitled "Outcomes" is designed to capture the results and effects of the organization's healthy workplace effort.

1. Leadership

This section focuses on those who have primary responsibility and accountability for the organization's performance. For a healthy workplace system to be successful, it must be viewed as a line management task supported through either direct involvement by senior management (notably in a small or medium-sized organization), or through directives from senior management (in the case of a large organization). Good leadership is based on a foundation of ethics and values that serve to reinforce the development and sustainability of a healthy work environment.

1.1 Strategic direction for a healthy workplace

- Acknowledgment of the value of the people within the organization is referenced within the vision and/or mission statement of the organization.
- The organization has a written policy on employee well-being in the workplace. This policy is an integral part of the organization's human resource planning, which supports the organization's strategies and objectives, and it was developed with input from all stakeholders, including employees.
- Key success factors and priorities on workplace and employee health issues and related programs and activities have been determined and linked to the strategic direction.
- Strategic planning incorporates goals and objectives on workplace and employee health and well-being.
- The organization can demonstrate that a mechanism is in place to review relevant occupational health and safety legislation and to ensure the organization is compliant.

1.2 Leadership involvement in reinforcing a healthy workplace

- The management team demonstrates a commitment to a healthy workplace environment(for example, through the allocation of resources).
- The organization works at improving the interpersonal skills and leadership abilities of management and supervisory levels to help sustain a culture that reinforces the focus and programs related to a healthy workplace.
- Leadership, responsibility and accountability for healthy workplace issues are shared throughout the organization (for example, in large organizations through a healthy workplace committee structure).
- Employee health issues in general are considered in the management decision-making process.
- Management is kept informed of the impact of healthy workplace issues. Management also evaluates and works at improving its approach to managing a healthy workplace environment.

2. Planning

This section examines the planning process in place for developing an overall Healthy Workplace Plan for the organization, as well as the design, activities and evaluation of integrated healthy workplace programs. Programs can cover a wide variety of issues and often impact one another. For example, a comprehensive nutrition program should incorporate components such as healthy eating, enjoyable physical activity and positive body image. One component alone is not sufficient to make up an overall program. In the same way, the three key elements of a healthy workplace—namely the Physical Environment, Health Practices, and Social Environment and Personal Resources—build on one another to meet the needs of employees.

2.1 Needs assessment and analysis

- A formal assessment has been conducted to evaluate employee needs, attitudes and preferences in regard to healthy workplace programs.

2.2 Healthy Workplace Plan

- The Healthy Workplace Plan is based on results of the employee needs assessment and addresses the key elements of a healthy workplace: the Physical Environment, Health Practices, and Social Environment and Personal Resources.
- Financial resources are planned and committed for healthy workplace programs outlined in the Healthy Workplace Plan.
- Long-term objectives, as well as short-term goals surrounding employee well-being, have been established within the plan and have been communicated and discussed across the organization.
- Assessments of the Healthy Workplace Plan, related programs and goals and objectives are conducted to determine strengths and opportunities for improvement.
- Levels (data) and trends in assessment findings are analysed and discussed.

2.3 Program design

- A structured approach to program design is in place, allowing for good levels of input from all key stakeholders, as well as a promotion and communication of the program across the organization.
- Programs based on employee needs analysis have been designed for everyone, regardless of their present level of health, including those with serious health problems, those whose lifestyles may place their health at risk in some way and those who are generally well but need to maintain their health.
- Programs respond to the varying needs and preferences of employees, including awareness/information, skill building and behaviour change, and maintenance or support.

3. People Focus

This section examines the organization's efforts to foster and support an environment that encourages people to get involved in healthy workplace activities. Treating people with respect and trust, providing them with the opportunity to contribute ideas and speak out, without fear of retribution, on issues of concern (such as the organization's design and control of work) are important bases for developing a healthy work environment.

- There are methods in place that make it easy for people to provide ongoing input on healthy workplace and organizational issues, and to seek assistance.
- The organization's healthy workplace programs align with the human resources development strategies.
- The organization ensures that people at all levels understand the goals established within the organization's human resource policies, notably in connection with healthy workplace issues.
- Barriers that restrict the development and reinforcement of a healthy workplace are identified and removed.
- The organization determines employee training and development needs (including training related to employee health matters) to meet its overall goals, and evaluates the effectiveness of training and development programs.
- Employees are encouraged to participate in workplace health matters and take positive action in the promotion, development and implementation of healthy workplace activities.
- A process is in place to measure employee satisfaction and morale, and results from such surveys, as well as action plans developed around improvement opportunities, are communicated across the organization.
- A process is in place to recognize employee achievements.

4. Process Management

This section examines how processes that have a direct impact on a healthy workplace are controlled and improved, notably those "key" processes that are critical to sustaining actions and a strong focus on employee well-being across the organization. Organizations that are successful in sustaining and improving a healthy workplace move well beyond the "awareness and information" stage of their programs toward a focus on skill development and behaviour change that help to reinforce a healthy workplace. These organizations have also created a supportive environment that helps to maintain and improve such a focus.

- Formal assessments are conducted to identify and assess any hazards that restrict the development and sustainability of a safe and healthy workplace, and findings are analyzed to determine opportunities for improvement.
- Work processes are assessed for their impact on worker health. For example, assessments are conducted when new technologies and/or work systems of any kind are introduced into the workplace to determine their impact on health.
- An evaluation and review process of the organization's Healthy Workplace Plan is in place, covering the goals and objectives within the plan.
- Work processes impacting worker health are documented and monitored.
- Process problems impacting on workplace health are identified and analyzed and root causes dealt with to prevent recurrence. Any changes to procedures are documented and communicated.

5. Outcomes

This section examines the results and achievements associated with developing a healthy workplace with the aim of encouraging and improving employee health and well-being and sustaining a culture that allows people to make a positive contribution to the organization within a healthy work environment.

- Management, through their actions, personally reinforce a healthy workplace across the organization.

Appendix C: National Quality Institute's Canadian Healthy Workplace Criteria

- Levels (data) and trends in overall accomplishments in meeting or exceeding the goals established in regard to employee health and well-being in the workplace are analyzed and discussed. (For example, factors that contribute to the overall costs to the organization are showing positive trends: absenteeism, employee turnover, accident rates, implementation of employee suggestions/ideas, utilization of the organization's healthy lifestyle programs, outcomes from rehabilitation and reintegration of people back into the work force from illness or injury, health behaviour change, awareness of healthy lifestyle issues and training/skill development).
- Levels (data) and trends that indicate employee participation and behaviour changes as a result of involvement in programs related to a healthy workplace are analyzed and discussed.
- Levels (data) and trends in employee satisfaction and morale in regard to issues impacting health and well-being as well as overall job satisfaction are analyzed and discussed. (For example, such measures indicate good levels of satisfaction in: work conditions and occupational health and safety, leadership style, training and retraining possibilities, communications across the organization, control over work and recognition for achievements).

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Appendix E: Office of the Auditor General: Risk Auditing Objectives and Methodology

The Office has three lines of business:

- Attesting to the reliability of government financial statements;
- Assessing the quality of government service plan reports;
- Examining how government manages its key risks.

Each of these lines of business have certain objectives that are expected to be achieved, and each employs a particular methodology to reach those objectives. The following is a brief outline of the objectives and methodology applied by the Office for assessing the management of risk within government programs and services, that is, risk auditing.

Risk Auditing

What are Risk Audits?

Risk audits (also known as performance or value-for-money audits) examine whether money is being spent wisely by government—whether value is received for the money spent. Specifically, they look at the organizational and program elements of government performance, whether government is achieving something that needs doing at a reasonable cost, and consider whether government managers are:

- making the best use of public funds; and
- adequately accounting for the prudent and effective management of the resources entrusted to them.

The aim of these audits is to provide the Legislature with independent assessments about whether government programs are implemented and administered economically, efficiently and effectively, and whether Members of the Legislative Assembly and the public are being provided with fair, reliable accountability information with respect to organizational and program performance.

In completing these audits, we collect and analyze information about how resources are managed; that is, how they are acquired and how they are used. We also assess whether legislators and the public have been given an adequate explanation of what has been accomplished with the resources provided to government managers.

Appendix E: Office of the Auditor General: Risk Auditing Objectives and Methodology

Focus of Our Work

A risk audit has been described as:

> *...the independent, objective assessment of the fairness of management's representations on organizational and program performance, or the assessment of management performance, against criteria, reported to a governing body or others with similar responsibilities.*

This definition recognizes that there are two forms of reporting used in risk auditing. The first—referred to as attestation reporting—is the provision of audit opinions as to the fairness of management's publicly reported accountability information on matters of economy, efficiency and effectiveness. This approach has been used to a very limited degree in British Columbia because the organizations we audit do not yet provide comprehensive accountability reports on their organizational and program performance.

We believe that government reporting along with independent audit is the best way of meeting accountability responsibilities. Consequently, we have been encouraging the use of this model in the British Columbia public sector, and will apply it where comprehensive accountability information on performance is made available by management.

As the risk audits conducted in British Columbia use the second form of reporting—direct reporting—the description that follows explains that model.

Our "direct reporting" risk audits are not designed to question whether government policies are appropriate and effective (that is achieve their intended outcomes). Rather, as directed by the Auditor General Act, these audits assess whether the programs implemented to achieve government policies are being administered economically and efficiently. They also evaluate whether Members of the Legislative Assembly and the public are being provided with appropriate accountability information about government programs.

When undertaking risk audits, we look for information about results to determine whether government organizations and programs actually provide value for money. If they do not, or if we

are unable to assess results directly, we then examine management's processes to determine what problems exist or whether the processes are capable of ensuring that value is received for money spent.

Selecting Audits

All of government, including Crown corporations and other government organizations, are included in the universe we consider when selecting audits. We also may undertake reviews of provincial participation in organizations outside of government if they carry on significant government programs and receive substantial provincial funding.

When selecting the audit subjects we will examine, we base our decision on the significance and interest of an area or topic to our primary clients, the Members of the Legislative Assembly and the public. We consider both the significance and risk in our evaluation. We aim to provide fair, independent assessments of the quality of government administration and to identify opportunities to improve the performance of government. Therefore, we do not focus exclusively on areas of high risk or known problems.

We select for audit either programs or functions administered by a specific ministry or government organization, or cross-government programs or functions that apply to many government entities. A large number of such programs and functions exist throughout government. We examine the larger and more significant of these on a cyclical basis.

Our view is that, in the absence of comprehensive accountability information being made available by government, risk audits using the direct reporting approach should be undertaken on a five- to six- year cycle so that Members of the Legislative Assembly and the public receive assessments of all significant government operations over a reasonable time period. We strive to achieve this schedule, but it is affected by the availability of time and resources.

Planning and Conducting Audits

A risk audit comprises four phases—preliminary study, planning, conducting and reporting. The core values of the Office—independence, due care and public trust—are inherent in all aspects of the audit work.

Appendix E: Office of the Auditor General: Risk Auditing Objectives and Methodology

Preliminary Study

Before an audit starts, we undertake a preliminary study to identify issues and gather sufficient information to decide whether an audit is warranted.

At this time, we also determine the audit team. The audit team must be made up of individuals who have the knowledge and competence necessary to carry out the particular audit. In most cases, we use our own professionals, who have training and experience in a variety of fields. As well, we often supplement the knowledge and competence of our staff by engaging one or more consultants to be part of the audit team.

In examining a particular aspect of an organization to audit, auditors can look either at results, to assess whether value for money is actually achieved, or at management's processes, to determine whether those processes should ensure that value is received for money spent. Neither approach alone can answer all the questions of legislators and the public, particularly if problems are found during the audit. We therefore try to combine both approaches wherever we can. However, because acceptable results-oriented information and criteria are often not available, our risk audits frequently concentrate on management's processes for achieving value for money.

If a preliminary study does not lead to an audit, the results of the study may still be reported to the Legislature.

Planning

In the planning phase, the key tasks are to develop audit criteria—"standards of performance"—and an audit plan outlining how the audit team will obtain the information necessary to assess the organization's performance against the criteria. In establishing the criteria, we do not expect theoretical perfection from public sector managers; rather, we reflect what we believe to be the reasonable expectations of legislators and the public.

Conducting

The conducting phase of the audit involves gathering, analyzing and synthesizing information to assess the organization's performance against the audit criteria. We use a variety of techniques to obtain such information, including surveys, and questionnaires, interviews and document reviews.

Appendix E: Office of the Auditor General: Risk Auditing Objectives and Methodology

Reporting Audits

We discuss the draft report with the organization's representatives and consider their comments before the report is formally issued to the Legislative Assembly. In writing the audit report, we ensure that recommendations are significant, practical and specific, but not so specific as to infringe on management's responsibility for managing. The final report is tabled in the Legislative Assembly and referred to the Public Accounts Committee, where it serves as a basis for the Committee's deliberations.

Reports on risk audits are published throughout the year as they are completed, and tabled in the Legislature at the earliest opportunity. We report our audit findings in two parts: an Auditor General's Comments section and a more detailed report. The overall conclusion constitutes the Auditor General's independent assessment of how well the organization has met performance expectations. The more detailed report provides background information and a description of what we found. When appropriate, we also make recommendations as to how the issues identified may be remedied.

It takes time to implement the recommendations that arise from risk audits. Consequently, when management first responds to an audit report, it is often only able to indicate its intention to resolve the matters raised, rather than to describe exactly what it plans to do.

Without further information, however, legislators and the public would not be aware of the nature, extent, and results of management's remedial actions. Therefore, we publish updates of management's responses to the risk audits. In addition, when it is useful to do so, we will conduct follow-up audits. The results of these are also reported to the Legislature.

Appendix F: Office of the Auditor General: 2004/05 Reports Issued to Date

Report 1

Follow-up of Performance Reports, April 2004

Report 2

In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

This report and others are available on our website at http://www.bcauditor.com

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